

<b>Case Number:</b>	CM14-0039877		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57-year-old claimant was injured in a work related accident on 05/25/13. Specific to the claimant's right shoulder, the records provided for review include a 03/31/14 progress report indicating ongoing complaints of pain in the shoulder and that a recent corticosteroid injection provided only temporary relief of pain. The claimant was unable to fully elevate the arm and had pain with overhead activities. Physical exam showed restricted range of motion, positive Neer's and Hawkins' testing and tenderness over the rotator cuff to palpation. The diagnosis was impingement with partial bursitis and complete rotator cuff tearing. The plan was for shoulder arthroscopy, decompression and rotator cuff repair. The 11/22/13 MRI (magnetic resonance imaging) report identified no full thickness rotator cuff pathology with positive severe tendinosis at the supraspinatus and underlying subacromial bursitis. There was a degenerative type SLAP lesion with effusion and tenosynovitis to the long head of the bicep.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Right shoulder arthroscopy, decompression and rotator cuff repair:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 210-211.

**Decision rationale:** Based on the California ACOEM Guidelines, the request for right shoulder arthroscopy, decompression, and rotator cuff repair is recommended as medically necessary. The medical records document that the claimant has failed conservative care including injection therapy and has significant inflammatory findings on MRI (magnetic resonance imaging). The role of operative intervention given the claimant's significant course of conservative treatment with improvement and current clinical presentation would be supported. As such, the request is certified.

**Physical therapy post-op two times for six weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS Postsurgical and Rehabilitative Guidelines also would support the request for twelve sessions of postoperative physical therapy as the need for operative intervention in this case has been established.

**Pre-op medical clearance with labs, chest x-rays and EKG (electrocardiogram):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127, Harris J., Occupational Medicine Practice Guidelines, 2nd Edition (2004), pg. 127, and Hegmann K., Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision), pg. 503.

**Decision rationale:** The California ACOEM Guidelines would not support the role of preoperative clearance including chest x-ray and electrocardiogram. There is no documentation of an underlying comorbidity or medical diagnosis that would support the need for the specific "clearance" regimen prescribed. The request, in this case, would not be supported as medically necessary.

**Consultation with anesthesiologist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

**Decision rationale:** The ACOEM Practice Guidelines, Independent Medical Examinations and Consultations indicate that occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The ACOEM Guidelines would support a consultation with an anesthesiologist for this case. The planned surgery will require anesthesia. Therefore, preoperative consultation with an anesthesiologist would be medically necessary.