

<b>Case Number:</b>	CM14-0045913		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/21/2006
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Surgeon, has a subspecialty in Shoulder and Elbow Surgery and is licensed to practice in California. 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:

The injured worker is a 55-year-old female who reported an injury on 11/21/2006 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her right shoulder. The injured worker's treatment history included physical therapy, medications, and corticosteroid injections. The injured worker underwent an MR arthrogram on 01/30/2014. It was documented that the injured worker had mild tendiopathy of the infraspinatus without evidence of a full-thickness tear and a partial thickness tear of the subscapularis tendon. There were also findings suggestive of a labral tear. The injured worker was evaluated on 02/24/2014. It was documented that the injured worker had 8/10 to 9/10 right shoulder pain and 8/10 left shoulder pain. Physical findings of the right shoulder included restricted range of motion secondary to pain, a positive impingement test, Neer's test, Hawkins-Kennedy test, Codman's drop arm test, empty can supraspinatus test, Dawbarn's sign, Yergason's sign, and Speed's test were noted to be positive bilaterally. The injured worker had bilateral tenderness to the shoulders, deltoid, and biceps. The injured worker's diagnoses included bilateral impingement syndrome, bilateral rotator cuff syndrome, bilateral acromioclavicular separation, bilateral superior labrum anterior and posterior tear, and status post right shoulder surgery in 2009. A request was made for right shoulder arthroscopy with rotator cuff repair, subacromial decompression and biceps tenotomy with preoperative medical clearance and a 1 to 3 hospital day stay and postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with rotator cuff repair, subacromial decompression and biceps tenotomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical intervention for the shoulder when there are persistent functional deficits identified on physical examination corroborated by an imaging study that identifies specific pathology that would benefit from surgical intervention. It is also recommended that surgical intervention be completed after a failure of conservative therapy. The clinical documentation does indicate that the injured worker has undergone physical therapy, medications, and corticosteroid injections; however, the injured worker has persistent functional deficits. The clinical documentation did provide an imaging study that identified pathology that would benefit from surgical intervention. As such, the requested right shoulder arthroscopy with rotator cuff repair and subacromial decompression and biceps tenotomy is medically necessary and appropriate.

**Pre-operative medical clearance:** 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 Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing, General.

**Decision rationale:** California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines recommend preoperative medical clearance and testing for patients who have comorbidities that could cause intraoperative or postoperative complications. The clinical documentation does not provide any evidence that the patient has any comorbidities that would contribute to complications either during or after surgery. Therefore, the need for preoperative medical clearance is not clearly indicated in this clinical situation. As such, the requested preoperative medical clearance is not medically necessary or appropriate.

**Inpatient 1 to 3 days:** 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 Official Disability Guidelines (ODG) Shoulder Chapter, Hospital Length of Stay.

**Decision rationale:** California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend the requested surgical intervention of rotator cuff repair be handled on an ambulatory basis. Therefore, an inpatient stay would not be indicated. There were no exceptional factors noted within the documentation to support the need for an inpatient stay for this ambulatory surgery. As such, the requested inpatient 1 to 3 days is not medically necessary or appropriate.

**Post-operative right shoulder physical therapy 2 times 6:** 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 Page(s): 27.

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker is a surgical candidate and would require postoperative care. California Medical Treatment Utilization Schedule recommends up to 24 visits in the postsurgical management of rotator cuff repair. California Medical Treatment Utilization Schedule also recommends an initial course of treatment equal to half the number of recommended visits. This would be 12 visits. The request is for 12 visits and would fall within guideline recommendations. As such, the requested postoperative right shoulder physical therapy 2x6 is medically necessary and appropriate.