

<b>Case Number:</b>	CM14-0051328		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/23/2002
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Texas. 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 73-year-old female who reported an injury on 04/23/2002. The documentation indicated the injured worker underwent a left rotator cuff repair approximately 5-6 years prior to the date of examination. The mechanism of injury was not provided. The documentation of 03/17/2014 revealed the injured worker has had ongoing left shoulder pain, weakness, and mechanical symptoms. It was indicated the injured worker had an MRI of the left shoulder in 2013 which revealed evidence of a prior rotator cuff repair and residual metallic artifact. The physical examination revealed 40 degrees of abduction and 35 degrees of external rotation. The injured worker had a positive impingement sign, Speed's test, and drop arm test. The diagnosis included left shoulder failed prior rotator cuff repair. The treatment plan included a diagnostic left shoulder arthroscopy with revision, decompression, and attempted revision of rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic left shoulder arthroscopy with revision decompression, attempted revision of the rotator cuff repair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-210.

**Decision rationale:** The ACOEM Guidelines indicate a referral for surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, plus the existence of a surgical lesion and a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. There was a lack of a failure of recent conservative care as the prior surgical intervention was approximately 5 to 6 years. There was a lack of documentation indicating an official imaging report to support the injured worker had objective findings upon imaging of a lesion. Given the above, the request for diagnostic left shoulder arthroscopy with revision decompression, attempted revision of the rotator cuff repair is not medically necessary.