

<b>Case Number:</b>	CM14-0051478		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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:

This patient is a 47-year-old male who is status post lifting injury on 1/11/12. The diagnosis of right shoulder adhesive capsulitis, rotator cuff tear and impingement syndrome. Previous treatment has included medications, physical therapy and subacromial injections. The patient is status post right shoulder arthroscopy with rotator cuff and subacromial decompression and manipulation under anesthesia on 6/26/13. The patient is status post 12 visits of therapy. The exam note on 2/11/14 demonstrates complaint of right shoulder pain. The exam demonstrates shoulder elevation of 160 degrees, 60 degrees of external rotation, 70 degrees of internal rotation, 110 degrees of abduction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SHOULDER ROTATOR CUFF REPAIR, SUBACROMIAL DECOMPRESSION, AND LYSIS OF ADHESIONS BETWEEN 3/10/2014 AND 4/24/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6: Summary of Recommendation for evaluating and managing shoulder complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Rotator cuff repair, Acromioplasty.

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

**Decision rationale:** According to the CA MTUS/ACOEM guidelines, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the ACOEM guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. In this case, the submitted notes from 2/11/14 do not demonstrate a surgical lesion. There is no evidence of adhesive capsulitis from the range of motion demonstrated on 2/11/14. In addition, there is no repeat MRI (magnetic resonance imaging) demonstrating a surgical lesion. Based on the above, the request is not certified.

**ONE ASSISTANT SURGEON BETWEEN 3/10/2014 AND 4/24/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp> (date accessed: 7/10/2013) American Association of Orthopaedics Surgeons Position Statement Reimbursement of the first assistant at surgery in orthopaedics.

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

**Decision rationale:** Since the primary procedure (right shoulder rotator cuff repair, subacromial decompression, and lysis of adhesions) is not medically necessary, none of the associated service (assistant surgeon) is medically necessary.

**ONE PRE-OPERATIVE MEDICAL CLEARANCE BETWEEN 3/10/2014 AND 4/24/2014:** Upheld

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

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

**Decision rationale:** Since the primary procedure (right shoulder rotator cuff repair, subacromial decompression, and lysis of adhesions) is not medically necessary, none of the associated service (pre-operative medical clearance) is medically necessary.