

<b>Case Number:</b>	CM14-0055505		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, 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 44-year-old who sustained an injury on August 11, 2013 while lifting bags. The injured worker developed complaints of left shoulder pain with loss of range of motion. It was documented initial physical therapy for a total of four to five sessions were completed. Cortisone and steroid injections for the left shoulder were noted. It appears that the total amount of physical therapy was twelve sessions. The injured worker reported no relief with left shoulder injections. Electrodiagnostic studies from February 12, 2014 were noted to be normal. MRI studies of the left shoulder from October 18, 2013 noted mild acromioclavicular hypertrophy with a type two acromion. There was increased signal within the rotator cuff compatible with partial thickness tearing. No displaced labral tearing was noted. The injured worker was seen on February 20, 2014 with complaints of continuing pain in the left shoulder. On physical examination, the injured worker had positive impingement signs present with mild weakness noted in the left upper extremity at the deltoid. The recommendation was for surgical intervention for the left shoulder followed by physical therapy. The injured worker was prescribed Ketoprofen at this evaluation. The requested preoperative testing with a left shoulder arthroscopy and debridement with a rotator cuff was denied by utilization review on April 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.GUIDELINE.GOV/CONTENT.ASPX?ID=38289](http://www.guideline.gov/content.aspx?id=38289), PREOPERATIVE EVALUATION

**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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Left shoulder arthroscopy and debridement, rotator cuff repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

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

**Decision rationale:** In regards to the request for a left shoulder arthroscopy with debridement and rotator cuff repair, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker's MRI study did note increased signal within the rotator cuff consistent with a possible partial thickness rotator cuff tear. The injured worker did present with objective findings consistent with active impingement in the left shoulder. However, she did respond to prior injections for the left shoulder and it is unclear whether any guided diagnostic blocks at the subacromial space have been performed to date. The clinical documentation also only reported twelve sessions of physical therapy. Per guidelines, injured workers are recommended to fail at least three to six months of active conservative physical therapy to address impingement and partial thickness tearing of the rotator cuff before considering surgical intervention. Guidelines also recommend diagnostic blocks for the subacromial space of which there is no documentation of. Therefore, the request for left shoulder arthroscopy and debridement, rotator cuff repair is not medically necessary or appropriate.