

<b>Case Number:</b>	CM14-0096159		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 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 is a 48-year-old female who sustained an injury to the right shoulder on 10/29/12. Records available for review include the report of a 03/14/14 MRI of the right shoulder revealing mild acromioclavicular synovitis, Grade I tendinosis of the distal supra and infraspinatus tendon, and no indication of partial or full thickness rotator cuff tearing. The records document that conservative treatment has included formal physical therapy, trigger point injections and medication management. The follow up report of 06/02/14 revealed continued complaints of pain and objective findings of weakness with forward flexion and abduction, and diminished range of motion at endpoints. Based on lack of improvement and continued symptoms, the recommendation was made for an open repair of the right shoulder supra and infraspinatus tendon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open repair of the right shoulder to repair the supra and infraspinatus tendon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery- Rotator Cuff Repair.

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for open repair of the right shoulder to repair the supra and infraspinatus tendon cannot be recommended as medically necessary. ACOEM Guidelines state that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. The imaging report fails to demonstrate any degree of partial or full thickness rotator cuff tearing. There is also no documentation that the claimant has been treated conservatively with injection therapy. Given the claimant's imaging findings and conservative care that did not include previous injection therapy, the acute need of a surgical process as described would not be supported.

**Pre-op consult for surgery clearance if surgery is approved:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule , 1999 edition pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request for open repair of the right shoulder to repair the supra and infraspinatus tendon cannot be recommended as medically necessary. Therefore, the request for preoperative medical clearance is also not medically necessary.

**1 shoulder sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling Recommended as an option following open repair of large and massive r

**Decision rationale:** The request for open repair of the right shoulder to repair the supra and infraspinatus tendon cannot be recommended as medically necessary. Therefore, the request for postoperative use of a sling is also not medically necessary.

**4 weeks rental of a ThermoCooler:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 201-205, 555-556.

**Decision rationale:** The request for open repair of the right shoulder to repair the supra and infraspinatus tendon cannot be recommended as medically necessary. Therefore, the request for a four week rental of a cryotherapy device is also not medically necessary.

**12 post op physical therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic) and Post surgical Physical Medicine.

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

**Decision rationale:** The request for open repair of the right shoulder to repair the supra and infraspinatus tendon cannot be recommended as medically necessary. Therefore, the request for twelve sessions of postoperative physical therapy is also not medically necessary.