

<b>Case Number:</b>	CM14-0097190		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/03/1998
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 60-year-old female lead tape duplication person sustained an industrial injury on 6/3/98. Injury occurred when she went to sit down in an office chair and it rolled out from under her, causing her to fall. She sustained a left wrist fracture. She subsequently underwent left wrist surgery in 2000 and 2002, right carpal tunnel release in 2002, and right knee surgery in 2005 and 2010, and left knee surgery in 2010. A compensatory right shoulder injury was noted. Past medical history included diabetes, obesity, and hypertension. The 9/4/12 right shoulder MRI impression documented moderate grade partial tearing and delamination of the subscapularis, minimal early degenerative changes of the osseous glenoid, labral degenerative, mild partial tearing/fraying of the biceps tendon, and small joint effusion with a small amount of fluid in the subacromial/subdeltoid bursa. Records indicated that the patient had persistent right shoulder pain and functional limitations and had failed physical therapy. Positive impingement testing was documented. The 5/23/14 treating physician report cited grade 3/10 right shoulder pain. Difficulty was reported with sleeping, activities of daily living, and overhead activity. She was taking Ultram and Motrin. Right shoulder exam documented range of motion with flexion 120, abduction 80, and external rotation 40 degrees, with internal rotation to her buttocks. There was tenderness over the acromioclavicular joint. There was pain with cross-body adduction. There was supraspinatus weakness. External rotation strength was good. The patient had completed at least 12 visits of physical therapy without improvement. Surgery for rotator cuff repair and distal clavicle excision was recommended. The 6/18/14 utilization review denied the request for right shoulder surgery as there was no documentation of imaging evidence relative to the rotator cuff. Records suggest that the most recent physical therapy relative to the right shoulder was in 2012.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy, Rotator Cuff Repair, Biceps Tenodesis, Distal Clavicle Excision with 1-2 days in-patient stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Hospital length of stay (LOS), Surgery for rotator cuff repair.

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines for rotator cuff repair of partial thickness tears require 3 to 6 months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. The Official Disability Guidelines for hospital length of stay indicate that the requested procedure should be performed on an out-patient basis. Guideline criteria have not been met. The patient presents with partial rotator cuff tearing and impingement syndrome that has not improved with conservative treatment. There is no current documentation of a diagnostic injection test to fully meet guideline criteria. Guidelines would typically support this procedure in the out-patient setting. There is no compelling reason to support a 1 to 2 day inpatient stay. Therefore, this request is not medically necessary.