

<b>Case Number:</b>	CM14-0005239		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/22/2009
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 46-year-old male with a date of injury of May 22, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder joint pain. Medical records dated November 22 2015 indicate that the injured worker complained of bilateral shoulder pain. Per the treating physician (November 22, 2013), the employee was not working. There was no documentation of an examination of the right shoulder in the submitted records. Treatment has included ice and heat. Magnetic resonance imaging of the right shoulder (October 30, 2013) showed a full thickness supraspinatus tendon tear, degenerative signal of the posterior labrum, and undersurface acromial osteophyte. The utilization review (December 23, 2013) non- certified a request for One video arthroscopy of the right shoulder, subacromial decompression, acromioplasty, possible rotator cuff repair with Xenograft and Facial Sheath Injection and associated services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Video Arthroscopy of the right shoulder, subacromial decompression, acromioplasty, possible rotator cuff repair with Xenograft and Facial Sheath Injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Shoulder>, Table 2, Summary of Recommendations, Shoulder Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of grafts for massive rotator cuff tears. According to the ODG, Shoulder section, grafts for the rotator cuff is under study. Over the past few years, many biologic patches have been developed to augment repairs of large or complex rotator cuff tendon tears. These patches include both allograft and xenografts. Regardless of their origins, these products are primarily composed of purified type I collagen. There is a lack of studies demonstrating which ones are effective. For short-term periods, restoring a massive rotator cuff tendon defect with synthetic grafts can give significant pain relief, but there is still some risk of new tears. As the guidelines do not support the use of grafts for massive rotator cuff tears, the determination is not medically necessary.

**Associated surgical services: Medical Clearance with primary care physician to include H&P (history and physical):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical services: Chest x-ray:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical services: EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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