

<b>Case Number:</b>	CM14-0104612		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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:

Claimant is with reported industrial injury of 6/21/11. Diagnoses were rotator cuff tear of bilateral shoulders, degenerative disc disease of the cervical spine, cervical radiculopathy, and degenerative arthritis of bilateral wrists. 10/02/14 Progress report documented that the patient complained of bilateral shoulder pain. He had difficulty reaching above the shoulder level and outwards. There was radiating pain from the left shoulder to the elbow. The pain kept him up at night. He also had bilateral wrist and hand pain with numbness and night pain. Past medical history was positive for hypertension. Clinically, shoulder stability was good bilaterally. Positive impingement signs are noted. Left shoulder range of motion was decreased. Tinels, Phalens, and Finkelstein were negative in the wrists. There was positive grind test in the wrists. There was tenderness about the carpal tunnel, radial styloid and the first dorsal compartment bilaterally with firm palpation. There was swelling at the CMC joint of both thumbs. X-rays of the left shoulder showed 2 anchors were present in the humeral head. X-rays of the wrists showed severe carpometacarpal arthritis, the left worse than the right. The patient was a candidate for diagnostic arthroscopy, rotator cuff repair and possible arthrotomy of the left shoulder. 03/25/14 MRI of the left shoulder documented that there was full-thickness tearing of the supraspinatus just proximal to the footprints superimposed upon a background of tendinopathy. Suture anchors were noted at the level of the greater tuberosity. There was a small residual tendon stump at the level of the greater tuberosity. Edema was noted at the supraspinatus muscle suggestive of muscle strain. There was a marked background tendinopathy of the infraspinatus and subscapularis. There was intra-articular biceps tendinopathy. There was trace glenohumeral joint effusion with synovitis. Treatment to date has included medications, splints for the wrists, therapy and exercises. The patient had left shoulder arthroscopic rotator cuff repair, subacromial

decompression, acromioplasty, and debridement on 08/27/13. He had 42 PT sessions, which were somewhat helpful.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Rotator Cuff Repair, Left Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Shoulder Procedure Summary (Updated 04/25/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Rotator Cuff Repair

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, pages 209 and 210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 10/2/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 10/2/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. While there is evidence of pathology in the rotator cuff from this in isolation does not satisfy the guidelines. Therefore the request is not medically necessary.