

<b>Case Number:</b>	CM14-0196909		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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:

46 year old male claimant with an industrial injury dated 11/14/12. The patient is status post a incisional debridement of the right forearm skin, subcutaneous, and muscle, exploration of the right hand wound, open reduction and internal fixation of the right middle finger and middle plalanx, closed reduction and percutaneous pinning of the right ring finger proimal phalanx, closed reduction and percutaneous pinning of the right distal radius, complex wound closure to the right hand and right forearm dated 11/15/12. Exam note 10/06/14 states the patient returns with increased pain with exercise. The patient explains that he takes oxycontin daily for pain relief, but no longer takes Xanax. Upon physical exam the patient had mild edema of the right hand, and was unable to make a fist with the right hand. The patient's thumb adduction has improved but he is still unable to reach the 5th digit, and demonstrated decreased mobility of the right hand. The patient demonstrated a normal gait within normal limits without an assistive device. Treatment includes a continuation of medication, and a right shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RT shoulder decompression, Revision, RCR, Capsular release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM 2004 OMPG Shoulder Ch. 9

**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 section, surgery for rotator cuff repair

**Decision rationale:** According to the California MTUS/ACOEM Shoulder Chapter, page 209-210, 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 10/6/14 do not demonstrate 4 months of failure of activity modification. The physical exam does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. The request for this treatment is not medically necessary and appropriate.