

<b>Case Number:</b>	CM14-0205575		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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:

60 year old female with reported industrial injury of 5/16/13. Diagnosis is made of rotator cuff tear, right shoulder. Exam note 11/6/13 demonstrates evidence of pain which is noted to be 10 out of 10 in nature. Weakness is noted over the deltoid deloid and rotator cuff with positive impingement testing noted. Exam note from 7/26/14 demonstrates complaints of left shoulder pain. Shoulder flexion is noted to be 160 degrees with abduction of 160 degrees. Weakness is noted over the deltoid musculature. Exam note 10/17/14 demonstrates positive drop arm test with flexion and abduction of 160 degrees with tenderness over the subacromial space.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy with rotator cuff repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC) 9th Edition, Integrated Treatment Guidelines, Disability Duration Guidelines, Work Loss Data Institute

**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 CA 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 10/17/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 10/17/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the determination is for non-certification for the requested procedure.