

<b>Case Number:</b>	CM14-0087517		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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:

57 year old male claimant with an industrial injury dated 03/23/10. The patient is status post a right CTR as of 06/24/11, a C5-6, and C6-7 anterior cervical discectomy with fusion as of 06/21/12, and a left shoulder rotator cuff repair dated 03/28/13. MRI of the left shoulder dated November 2013 reveals a recurrent tear of the rotator cuff on the left in which possibly could have happened in the postoperative physical therapy sessions. Conservative treatments include two injections and anti-inflammatories for pain relief. Exam note 05/08/14 states the patient returns with bilateral shoulder pain with the left worse than the right. The patient explains that the pain is worse with overhead activities, daily activities, climbing, and reaching. Diagnosis is noted as recovering rotator cuff tear repair and industrial injury to the left shoulder, rotator cuff tear, and industrial injury to the right shoulder. Treatment includes a repeat left shoulder surgery, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy, extensive debridement:** Upheld

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

**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, Acromioplasty surgery

**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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 5/8/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 5/8/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for not medically necessary for extensive debridement of the left shoulder.