

<b>Case Number:</b>	CM15-0004125		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/03/1997
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male who reported an injury on 02/03/1997. The mechanism of injury was not stated. The current diagnoses include right shoulder pain, right shoulder labral tear, high-grade intrasubstance tear of the supraspinatus tendon, right shoulder high grade partial thickness versus full thickness glenoid rim articular cartilage loss. The injured worker has been extensively treated with medication, cortisone injection, physical therapy, and acupuncture. The latest physician progress report submitted for this review is documented on 09/24/2014. The injured worker presented with complaints of pain with any activity. Acupuncture treatment was not improving symptoms. Upon examination of the right shoulder, there was 95-degree flexion, 45-degree extension, 45-degree adduction, 60-degree abduction, 150-degree internal rotation, 20-degree external rotation, pain with range of motion, and tenderness to palpation.

Recommendations at that time included a cortisone injection, and continuation of acupuncture.

The injured worker was advised to continue with tramadol and naproxen. A urine toxicology test was also performed to monitor the use of prescribed medications. There was no Request for Authorization foRm submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy, Rotator Cuff Repair/Debridement, Subacromial Decompression, Labral Repair, and Mumford Procedure: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Shoulder-Surgery for impingement syndrome, Indication for Surgery- Acromioplasty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. According to the documentation provided, the injured worker has exhausted conservative treatment. However, the official imaging study was not provided for review. Additionally, there was no recent physical examination provided. Given the above, the request is not medically appropriate at this time.

**DME; V-Pulse unit for purchase: 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:** As the injured worker's surgical procedure has not been authorized, the associated request is also not medically necessary.

**Multi Stim Unit plus supplies for 3 months: 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:** As the injured worker's surgical procedure has not been authorized, the associated request is also not medically necessary.

**DME; CPM x6 weeks: 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:** As the injured worker's surgical procedure has not been authorized, the associated request is also not medically necessary.

**DME; Pain Pump x4 days:** 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:** As the injured worker's surgical procedure has not been authorized, the associated request is also not medically necessary.

**Post-operative Physical Therapy 2 times a week for 4 weeks:** 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:** As the injured worker's surgical procedure has not been authorized, the associated request is also not medically necessary.

**Pre-operative Labs:** 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:** As the injured worker's surgical procedure has not been authorized, the associated request is also not medically necessary.

**DME; Ultra Sling:** 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:** As the injured worker's surgical procedure has not been authorized, the associated request is also not medically necessary.