

<b>Case Number:</b>	CM15-0105246		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Indiana, Oregon

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

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

This 34 year old female sustained an industrial injury on 1/09/14. She subsequently reported neck, back, right shoulder and right upper extremity pain. Diagnoses include right shoulder impingement syndrome, right wrist strain, rotator cuff tear and calcific tendonitis. Treatments to date include x-ray and MRI testing, modified work duty, surgery, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder pain. Upon examination, there is pain with abduction of the arm. There is full range of motion of the right shoulder. There is tenderness over the lateral wrist on the right. Good strength, no atrophy and strong grip was noted. An MRI revealed right shoulder abnormalities. A request for Right Shoulder SAD, Rotator Cuff Repair, Removal of Calcium Deposits was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder SAD, Rotator Cuff Repair, Removal of Calcium Deposits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**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 MRI 1/2/15 does not demonstrate a rotator cuff tear. Intrasubstance tearing is noted which is synonymous with degeneration and not a full thickness repairable tear. Therefore, the determination is for not medically necessary.