

<b>Case Number:</b>	CM15-0107348		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	12/15/2005
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 12/15/2005. According to a Secondary Treating Physician Follow-Up Orthopedic Evaluation dated 03/17/2015, the injured worker continued to experience persistent, moderate pain in his cervical spine, bilateral shoulders and lumbar spine. The pain in his cervical spine radiated into his bilateral shoulders to his hands with associated numbness and tingling. He also complained of radiating lumbar spine pain through his right leg to his right foot with associated numbness and tingling sensations. Current diagnoses included axial neck pain, cervical spine stenosis, cervical spine sprain/strain, cervical spine radiculopathy, cervical spine herniated nucleus pulposus status post anterior cervical disc fusion, intra-substance tear of the supraspinatus tendon of the bilateral shoulder per MRI on 03/06/2015, lumbar spine sprain/strain, lumbar spine radiculopathy and lumbar spine herniated nucleus pulposus. The treatment plan included physical therapy twice a week for four weeks to reduce pain and for strengthening of the bilateral shoulders. If the injured worker did not respond to the conservative treatment modalities, the recommendation would include arthroscopic rotator cuff repair of the bilateral shoulders. He also recommended a series of L4-L5 and L5-S1 epidural injections. According to a Primary Treating Physician Follow-Up Orthopedic Evaluation Post-AME report dated 04/13/2015, the injured worker complained of pain in his neck, bilateral shoulders, bilateral hands, mid-back and the right side of his lower back. The provider noted that based on the injured worker's prior MRI of the bilateral shoulders which revealed an intra-substance tear of the supraspinatus tendon bilaterally, recommendations included left shoulder arthroscopic repair. In respect to the lumbar spine,

recommendations included a series of L5-S1 epidural steroid injections. Currently under review is the request for left shoulder arthroscopic repair.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Shoulder Arthroscopic Repair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

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

**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. In this case the intrasubstance tear demonstrated on the MRI 3/6/15 is not typically a surgical lesion treated with repair. Based on this the request is not medically necessary.