

<b>Case Number:</b>	CM15-0015661		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: New York  
 Certification(s)/Specialty: Neurological 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 64-year-old male golf course lawnsman sustained on 4/9/14 a left shoulder injury when a tree branch broke and pulled his arm above and backward. He was able to drive his mower and tractors. Emptying baskets of grass aggravated his pain as well as back pain. He was taking Norco and under therapy for cancer of his mouth for which he had undergone five operations. He had left shoulder surgery in 2004 and right shoulder surgery in 2006. He has had four right knee operations 1992-2005, a hernia repair and stents placed in his heart as well as pacemaker. He has had multiple myocardial infarctions. The diagnoses have included sprains/strains of shoulder and upper arm. Treatment to date has included acupuncture, oral medications and physical therapy. The injured worker complains of worsening, sharp, intense left shoulder pain over the summer. Physical exam dated 11/21/14 revealed pain with motion of left shoulder and restricted range of motion. Medication partially relieves the pain. Exam on 12/5/2014 noted left shoulder abduction at 110 degrees with significant discomfort, flexion at 110 with significant discomfort and external rotation at 80 degrees with some discomfort. Due to his pacemaker a MRI of his shoulder has not been performed. On 1/7/15 Utilization Review non-certified arthroscopic surgery vs open subacromial decompression, rotator cuff repair, biceps tenotomy left shoulder; post op physical therapy 2 times a week for 6 weeks; shoulder sling/immobilizer and ice cold therapy unit for purchase, noting the there is no indication the injured worker has completed 3-6 months of conservative treatment, no documentation of night pain and response to physical therapy and steroid injection was not documented; due to the non-certification of the surgery, all post op treatments are not medically necessary. The MTUS, ACOEM Guidelines, was cited. On

1/26/15, the injured worker submitted an application for IMR for review of arthroscopic surgery vs. open subacromial decompression, rotator cuff repair, bicep tenotomy left shoulder; post op physical therapy 2 times a week for 6 weeks; shoulder sling/immobilizer and ice cold therapy unit for purchase.

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

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

#### **Arthroscopic Surgery versus Open Subacromial Decompression, Rotator Cuff Repair, Bicep Tenotomy for left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

**Decision rationale:** The ODG Guidelines note that revision of rotator cuff repair indicate that selection criteria should include intact deltoid origin, good quality rotator cuff tissue and pre-operative shoulder elevation above the horizontal. Moreover, other causes of cervical pathology should be ruled out. Documentation does not show his cancer of the mouth to be solely localized to that site. Since the MRI scan cannot be done, guidelines suggest an arthrogram be done. This has not been accomplished according to the documentation. ODG guidelines indicate there is usually a full passive range of motion but documentation does not show this is the case. Thus the requested treatment: arthroscopic versus open subacromial decompression, rotator cuff repair, biceps tenotomy for left shoulder is not medically necessary and appropriate.

#### **Associated surgical service; Post op physical therapy 2x6: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **Associated surgical service; Shoulder sling/ immobilizer: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service; Ice cold therapy unit 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.