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| <b>Case Number:</b>   | CM15-0130632 |                              |            |
| <b>Date Assigned:</b> | 07/17/2015   | <b>Date of Injury:</b>       | 04/21/2015 |
| <b>Decision Date:</b> | 08/12/2015   | <b>UR Denial Date:</b>       | 06/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2015 |

### 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 54 year old female, who sustained an industrial injury on April 21, 2015. She reported right shoulder pain going to her neck and right upper arm. The injured worker was diagnosed as having bicipital tendonitis (right), right cervical sprain-strain, muscle spasm of the neck and right shoulder sprain-strain. Treatment to date has included medication, MRI, CT scan, physical therapy, x-ray, heat and cold therapy. Currently, the injured worker complains of increased right shoulder pain and swelling. She reports right wrist pain described as dull and is moderately severe. The pain is exacerbated by movement and decreased with rest. The injured worker is diagnosed with right rotator cuff tear with adhesive capsulitis, rotator cuff syndrome (right shoulder) and bicipital tendonitis (right). Her work status is off work. A note dated May 8, 2015 states the injured worker received efficacy from physical therapy. A note dated May 20, 2015 states the wrist support is helpful in alleviating her symptoms. Due to increased pain and decreased range of motion an Arthroscopic rotator cuff repair surgery is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic rotator cuff repair surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Surgery for rotator cuff repair.

**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 visit 5/20/15 does not demonstrate comprehensive non-operative treatment including injection management has failed. Based on this the request is not medically necessary.