

<b>Case Number:</b>	CM15-0135261		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Illinois, California, Texas  
 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 injured worker is a 61-year-old male who sustained an industrial injury on 2/18/12, relative to a trip and fall. Records documented that 9/11/14 left shoulder MRI showed impingement with acromioclavicular joint arthritic changes and deficient labrum. There was a full thickness tear of the distal supraspinatus tendon with partial thickness tear of the subscapularis tendon. There was medial subluxation of the superior most portions of the long head of the biceps tendon, suggestive of a biceps tendon tear. The injured worker underwent a right shoulder arthroscopy with rotator cuff repair, partial acromionectomy, release of the coracoacromial ligament, and distal clavicle resection on 2/27/15. The 6/15/15 orthopedic surgeon report indicated that the injured worker was status post right shoulder surgery. He was making progress relative to the right shoulder, but he was unable to fully place his hand behind his head or back. Abduction was limited to 100 degrees. Continued post-operative therapy was recommended. The 6/18/15 treating physician report cited on-going bilateral shoulder pain. His right shoulder was improving somewhat, but his left shoulder was getting worse. He remained off work and additional post-op physical therapy had been requested. He continued to have severe anxiety and panic episodes with significant concern expressed by his wife. He denied suicidal ideation. He reported grade 7-8/10 bilateral shoulder pain that reduced to 4/10 at best with medication. Left shoulder exam documented range of motion as abduction 140, flexion 120, and internal/external rotation 30 degrees. There was a positive impingement sign with crepitus on circumduction. The diagnosis included on-going tendinopathy in the left shoulder with sprain/strain injury and deficient labrum per MRI. Authorization was requested for left shoulder surgery per the orthopedic surgeon. The

7/1/15 utilization review non-certified the request for left shoulder surgery as there was insufficient documentation provided relative to the nature of the surgery, and no MRI report was provided for review.

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

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

**Left Shoulder Surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. This injured worker presents with worsening left shoulder pain. Clinical exam findings are consistent with imaging evidence of rotator cuff tears and impingement syndrome. Evidence of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, this injured worker is status post right shoulder surgery and full function has not been restored. There are potentially significant psychological issues documented that have not been addressed. This request was made by the primary treating physician and did not specify the procedure being requested. The most recent orthopedic surgeon report did not indicate that current surgery was planned to the left shoulder. Given the lack of specificity of the procedure and no current supporting orthopedic surgeon documentation, the medical necessity of this request cannot be established. Therefore, this request is not medically necessary at this time.