

<b>Case Number:</b>	CM15-0145264		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/24/2007
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: 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 56-year-old female who sustained an industrial injury to the left knee on 10/24/07, relative to a fall. Injury to the right arm was reported on 3/31/14 when she was stepping and her left knee gave way. She fell onto her right arm and shoulder. The treating physician reports from 5/28/14 through 2/4/15 documented on-going right shoulder pain and functional loss. Conservative treatment included activity modification, medications and home measures while awaiting MRI authorization. The 4/28/15 right shoulder MRI impression documented distal supraspinatus severe tendinosis and partial thickness tear contacting the articular surface. Although there was no fluid filled gap in the tendon present to confirm a full thickness tear, the severity of the partial thickness tear appears to be functionally full thickness. The 5/1/15 treating physician report cited right shoulder pain with difficulty using her arm out a full length or overhead, and sleeping on that side. She was wearing a simple sling. Current medications included ibuprofen. Physical exam documented reasonable range of motion, and weakness and pain with supraspinatus and infraspinatus rotator cuff testing. MRI showed a full thickness anterior supraspinatus rotator cuff tear. She was doing poorly at this time and surgery was recommended. Authorization was requested for right shoulder arthroscopy with rotator cuff repair. The 7/14/15 utilization review non-certified the request for right shoulder arthroscopy as the injured worker had not attempted at least 3 months of conservative treatment prior to the requested surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy with Rotator Cuff Repair: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for rotator cuff repair.

**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. The Official Disability Guidelines for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. Guideline criteria have been met. This injured worker presents with persistent and function-limiting right shoulder pain. Clinical exam findings are consistent with imaging evidence of plausible full thickness rotator cuff tear. Evidence of at least 3 months of reasonable and/or comprehensive non-operative treatment and failure has been submitted. Therefore, this request is medically necessary.