

<b>Case Number:</b>	CM15-0145393		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/24/2015
<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: Minnesota, Florida  
 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 is a 67 year old female with a February 20, 2013 date of injury. A progress note dated July 7, 2015 documents subjective complaints (continues to have difficulty sleeping on the right shoulder; discomfort with over the shoulder height, weighted, or repetitive activities; referred pain into the neck and down the arm), objective findings (tenderness to palpation at the anterolateral capsule and rotator cuff, strongly positive for signs of impingement; painful arc motion), and current diagnoses (right shoulder impingement). Treatments to date have included imaging studies, shoulder surgery on June 13, 2014, physical therapy, medications, and injections. The treating physician documented a plan of care that included right shoulder arthroscopic rotator cuff repair, subacromial decompression with coracoacromial ligament release with extensive debridement and associated services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder Arthroscopic rotator cuff repair, subacromial decompression with coracoacromial ligament release with extensive debridement:** 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, 210, 211 and 213.

**Decision rationale:** Per follow-up examination of July 7, 2015, the injured worker was following up with regard to her right shoulder. She had a working diagnosis of impingement. An MRI scan (unofficial reading) showed downsloping spur to acromion with moderate acromioclavicular joint arthrosis and tendinosis of the rotator cuff. The notes document conservative treatment including physical therapy, time, medications and injections but the dates are not given. Prior records indicate the surgical procedure on the left shoulder with extremely slow rehabilitation afterwards. On examination of the right shoulder, there was tenderness to palpation at the anterolateral capsule/rotator cuff, strongly positive signs of impingement and painful arc of motion from 90-130. The provider requested right shoulder arthroscopic rotator cuff repair, subacromial decompression with coracoacromial ligament release with extensive debridement. Prior records from January 6, 2015 document status post decompression with cuff repair of the left shoulder on 6/13/2014 with very slow postoperative course. She was continuing to complain of pain and poor motion in the shoulder. On April 28, 2015, range of motion of the left shoulder continued to be less than the right. There was full range of motion of the right shoulder documented. However, on the left side flexion was 160 and abduction also 160 compared to 180 on the right. The request for arthroscopy of the right shoulder is not accompanied by dates of injections or physical therapy for the right shoulder. The official MRI report has also not been submitted. California MTUS guidelines necessitate the presence of a full-thickness rotator cuff tear as a criterion for rotator cuff repair. The unofficial MRI report of the right shoulder does not mention a full-thickness rotator cuff tear. The guidelines recommend 3-6 months of an exercise rehabilitation program with 2-3 corticosteroid injections for partial-thickness rotator cuff tears or impingement syndrome. The available records do not document this for the right shoulder. In the absence of the MRI report or evidence of 2-3 corticosteroid injections combined with 3 months of continuous physical therapy or 6 months of intermittent physical therapy for the right shoulder, the guideline criteria have not been met. As such, the request for arthroscopic rotator cuff repair, subacromial decompression with coracoacromial ligament release and extensive debridement is not supported and the medical necessity of the request has not been substantiated.

**Associated surgical service: Assistant surgeon:** 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.

**Post operative physical therapy for right shoulder (2 x 6) 12 sessions:** 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.