

<b>Case Number:</b>	CM15-0160592		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	04/04/2015
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Oregon, Washington  
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 53 year old female with an April 4, 2015 date of injury. A progress note dated July 8, 2015 documents subjective complaints (right shoulder pain rated at a level of 8 to 9 out of 10; pain radiates to the biceps), objective findings (decreased range of motion of the right shoulder), and current diagnoses (tendinosis of the right shoulder). Treatments to date have included medications, magnetic resonance imaging of the right shoulder (June 5, 2015; showed moderate supraspinatus and infraspinatus tendinosis at the conjoined tendon with a possible tear and retracted fibers), and physical therapy. The treating physician documented a plan of care that included right shoulder arthroscopic surgery with probable rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right shoulder Arthroscopic surgery with probable repair of Rotator cuff, as outpatient:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-210.

**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 submitted notes from 7/8/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 7/8/15 does not demonstrate night pain or relief from anesthetic injection. Therefore, the determination is for non-certification for the requested procedure. The request is not medically necessary.