

<b>Case Number:</b>	CM15-0164651		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/11/2006
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 49-year-old male who sustained an industrial injury on 5/11/06. The mechanism of injury was not documented. Surgical treatment included three right shoulder arthroscopies and two left shoulder arthroscopies, dates unknown. The 2/24/15 right shoulder x-ray impression documented mild early changes of the right shoulder, degenerative in nature, otherwise normal x-rays of the right shoulder. Recent conservative treatment included injections and medications. The 6/9/15 right shoulder MRI impression documented a full thickness rotator cuff tear of the distal supraspinatus tendon with no retraction, and post-op change including distal clavicle resection. The 7/7/15 treating physician report indicated that the injured worker was seen for bilateral shoulder problems. He had continued right shoulder pain with a history of 3 prior arthroscopies. He had fairly good strength and motion. X-rays showed a massive resection of the distal clavicle and slight elevation of the humeral head. There was imaging evidence of a complete central rotator cuff tear. He had not undergone rotator cuff repair in the three previous surgeries. Authorization was requested for retrospective right shoulder x-rays on date of service 7/15/15 and right shoulder arthroscopic rotator cuff repair. The 7/23/15 utilization review non-certified the request for right shoulder rotator cuff repair as there was no record of an orthopedic exam and no evidence of conservative treatment. The retrospective request for right shoulder x-ray on 7/7/15 was non-certified as there was no rationale to support a repeat x-ray with prior x-ray noted on 2/24/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic rotator cuff repair, right shoulder Qty: 1: 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 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. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. 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 not been met. This injured worker presents with continued right shoulder pain. Imaging documented a full thickness distal supraspinatus tear with no retraction. There are minimal objective shoulder exams documented in the available records. The progress reports indicate that injections were performed on multiple occasions but the location and laterality were not documented, and a response was not noted. A specific functional deficit was not documented. Therefore, this request is not medically necessary at this time.

**Retrospective right shoulder x-ray with a dos of 7/15/2015 Qty: 1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Radiography.

**Decision rationale:** The California MTUS guidelines state that routine plain film radiographs of the shoulder are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. The Official Disability Guidelines state that plain radiographs should be routinely ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views. Radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years. The preferred imaging modality for patients with suspected rotator cuff disorders is MRI. Guideline criteria have not been met. This injured worker presented with bilateral shoulder pain.

Prior x-rays were documented on 2/24/15. There was no significant change in symptoms documented. Exam findings were not provided. There was no rationale presented to support the medical necessity of repeat x-rays in 5 months. Therefore, this request is not medically necessary.