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| <b>Case Number:</b>   | CM15-0193556 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 06/21/2015 |
| <b>Decision Date:</b> | 11/17/2015   | <b>UR Denial Date:</b>       | 09/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2015 |

### 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:

The injured worker is a 46 year old female with a date of injury on 06-21-2015. The injured worker is undergoing treatment for right ruptured rotator cuff. In a physician note dated 07-30-2015 the injured worker has pain in the right shoulder and restricted range of motion. She has pain in her mid lower back. "Shoulder x ray reveals arthritis." A physician progress note dated 08-31-2015 documents the injured worker has right shoulder pain. The pain is anteriorly and posteriorly. Therapy did not help. She has not had any injections. She has positive signs of impingement. There is pain with palpation anterior-lateral acromion. There is 3-5 rotator cuff strength. She was working modified duty. Treatment to date has included diagnostic studies, medications, and physical therapy. Magnetic Resonance Imaging revealed distal tear of infra-supraspinatus, and small full thickness but no retraction. Medications include Ibuprofen, Cyclobenzaprine, and Norco. The Request for Authorization dated 08-31-2015, and was resent on 09-04-2015 includes a right shoulder arthroscopy with open rotator cuff repair. On 09-04-2015 Utilization Review denied the request for Right shoulder arthroscopy with open rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with open rotator cuff repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for rotator cuff repair, ODG Indications for Surgery- Rotator cuff repair.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, surgery for rotator cuff repair.

**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 8/31/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 8/31/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the determination is for non-certification for the requested procedure, not medically necessary.