

<b>Case Number:</b>	CM15-0020151		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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  
 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 48 year old male, who sustained an industrial injury on September 16, 2013. He has reported left shoulder pain. The diagnoses have included rotator cuff sprain and rotator cuff tear. Treatment to date has included medications, surgery, and imaging studies. A progress note dated October 9, 2014 indicates a chief complaint of continued left shoulder pain. Physical examination showed decreased range of motion of the left shoulder. The treating physician is requesting a left shoulder rotator cuff repair. On January 9, 2015 Utilization Review denied the request for the surgery citing the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder scope rotator cuff repair, per 11/25/14 PR-2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 10/31/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 10/9/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 10/9/14 does not demonstrate a specific painful arc of motion, night pain or relief from anesthetic injection. Therefore the determination is for non-certification for the requested procedure.