

<b>Case Number:</b>	CM15-0026662		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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:

The injured worker is a 52-year-old male, who sustained an industrial injury on 11/17/14. Injury occurred when he was attempting to lift a stuck water heater lid and pulled his shoulder. The patient was diagnosed with right rotator cuff syndrome, right biceps strength, and bilateral carpal tunnel syndrome. Initial conservative treatment included anti-inflammatory medications, muscle relaxants, activity modification, physical therapy, and home exercise program. The 1/7/15 right shoulder MRI impression documented supraspinatus and infraspinatus tendinosis without tear, and tendinosis of the intra-articular portion of the long head biceps tendon. There was a chronic labral tear extending from the bicipital labral complex to the posterior superior labrum. There was mildly narrowed coracohumeral distance with some reactive degenerative cystic change at the lesser tuberosity with adjacent mild subscapularis tendinosis. There was mild to moderate hypertrophy arthropathy of the acromioclavicular joint. The 1/14/15 orthopedic report cited right shoulder pain, pain in the biceps and triceps, and numbness in the fingers. Physical exam documented pain on range of motion, and pain over the greater tuberosity and medial superior border of the scapula. Active range of motion was 170/40/waist. There was 4/5 forward elevation and external rotation weakness with pain on resisted forward elevation. Empty can test was negative. A subacromial injection was provided. The patient was diagnosed with a partial rotator cuff tear that had failed non-operative treatment including physical therapy. Surgery was recommended. The 1/23/15 treating physician report cited continued right shoulder pain with movement. Physical exam documented tenderness to palpation in the anterior and lateral glenohumeral region with no swelling, spasms, or bruising. Range of motion was decreased by

30-40%. Strength was 5/5. The diagnosis was rotator cuff tear. The orthopedist had requested surgery. On 2/4/15, utilization review denied the request for right shoulder rotator cuff tear based on an absence of adequate conservative treatment and no clear imaging findings of a rotator cuff tear. The California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right shoulder rotator cuff repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Surgery for Rotator Cuff Repair

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation 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 of partial thickness tears generally require 3 to 6 months of conservative treatment, plus painful arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, rotator cuff or anterior acromial tenderness, and positive impingement sign with a positive diagnostic injection test. Criteria include imaging evidence of a rotator cuff deficit. Guideline criteria have not been met. This patient presents with continued right shoulder pain and numbness in the fingers. There is clinical evidence of rotator cuff weakness, but there is no documentation of impingement or the results of the subacromial injection test. Imaging evidence did not identify a rotator cuff tear. Evidence of 3 to 6-months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.