

<b>Case Number:</b>	CM15-0220779		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	01/26/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Emergency Medicine

### 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 22 year old male with a date of injury of January 26, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for a right shoulder labral tear and right rotator cuff rupture. Medical records dated July 14, 2015 indicate that the injured worker complained of right shoulder pain. A progress note dated October 20, 2015 documented complaints similar to those reported on July 14, 2015. Per the treating physician (October 20, 2015), the employee was temporarily disabled. The physical exam dated July 14, 2015 reveals the right shoulder being higher than the left, muscle spasm of the right shoulder, positive impingement sign of the right shoulder, and decreased range of motion of the right shoulder. The progress note dated October 20, 2015 documented a physical examination that showed findings similar to those seen on July 14, 2015 along with swelling of the right shoulder. Treatment has included medications (Norco) and an unknown number of physical therapy sessions. The treating physician documented (July 14, 2015) that magnetic resonance imaging of the right shoulder showed a superior labrum anterior to posterior lesion tear and partial rotator cuff tear. The utilization review (October 29, 2015) non-certified a request for right shoulder surgery for the labrum tear and partial rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder surgery for the labrum tear and partial rotator cuff tear Qty: 1.00:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Shoulder Procedure Summary Online Version last updated 09/08/2015.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The requested Right shoulder surgery for the labrum tear and partial rotator cuff tear Qty: 1.00 is medically necessary. CA MTUS ACOEM Guidelines, Chapter 9, Shoulder Complaints, pages 210-211, Surgical considerations, note the medical necessity for surgical repair of these deficits with exam and diagnostic confirmation and trials of conservative therapy. The treating physician has documented the right shoulder being higher than the left, muscle spasm of the right shoulder, positive impingement sign of the right shoulder, and decreased range of motion of the right shoulder. The progress note dated October 20, 2015 documented a physical examination that showed findings similar to those seen on July 14, 2015 along with swelling of the right shoulder. Treatment has included medications (Norco) and an unknown number of physical therapy sessions. The treating physician documented (July 14, 2015) that magnetic resonance imaging of the right shoulder showed a superior labrum anterior to posterior lesion tear and partial rotator cuff tear. The treating physician has documented exam and diagnostic evidence of a labrum and rotator cuff tear, as well as conservative treatment including medications and physical therapy. The criteria noted above having been met, Right shoulder surgery for the labrum tear and partial rotator cuff tear Qty: 1.00 is medically necessary.