

<b>Case Number:</b>	CM15-0032031		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, Sports 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:

The injured worker is a 47-year-old male who reported an injury on 05/16/2014. The mechanism of injury involved heavy lifting. The injured worker is currently diagnosed with disorder of bursa and tendons in the right shoulder. On 01/26/2015, the injured worker presented for a follow-up evaluation with complaints of persistent right shoulder pain. It was noted that the injured worker had been previously treated with conservative therapy. Upon examination, the provider noted no significant changes. Recommendations included an arthroscopic evaluation with subacromial decompression and possible rotator cuff repair. A Request for Authorization form was submitted on 01/28/2015. The official MRI of the right shoulder was submitted for this review, documented on 09/09/2014, and revealed evidence of a partial tear of the supraspinatus tendon with acromioclavicular joint synovitis, anterior/inferior labral tear, superior labral tear and atrophy of the teres minor muscle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder scope with or without synovial biopsy:** 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): 209-210.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, there was no recent physical examination of the right shoulder provided for this review. There is no evidence of a recent attempt at conservative management prior to the request for a surgical procedure. Documentation of a recent course of physical therapy or corticosteroid injection was not provided. Given the above, the request is not medically necessary.

**Right shoulder scope with subacromial decompression:** 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): 209-210.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, there was no recent physical examination of the right shoulder provided for this review. There is no evidence of a recent attempt at conservative management prior to the request for a surgical procedure. Documentation of a recent course of physical therapy or corticosteroid injection was not provided. Given the above, the request is not medically necessary.

**Right shoulder scope with possible mini open rotator cuff repair:** 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): 209-210.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, there was no recent physical examination of the right shoulder provided for this review. There is no evidence of a recent attempt at conservative management prior to the request for a surgical procedure. Documentation of a recent course of physical therapy or corticosteroid injection was not provided. Given the above, the request is not medically necessary.

**Preoperative labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Postoperative physical therapy 2-3 times a week, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.