

<b>Case Number:</b>	CM15-0034748		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/12/2009
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 65-year-old male who reported an injury on 09/12/2009. The mechanism of injury involved a motor vehicle accident. The current diagnosis is right shoulder partial thickness supraspinatus and subscapularis tendon tear with biceps tendon subluxation and chronic subacromial impingement. On 01/19/2015, the injured worker presented for a follow-up evaluation with complaints of 8/10 pain. The injured worker has been previously treated with 8 sessions of physical therapy and 2 cortisone injections. Upon examination of the right shoulder, there was 150 degrees forward flexion, 40 degrees extension, 145 degrees abduction, 40 degrees adduction, 80 degrees external rotation, and 45 degrees internal rotation. There was moderate supraspinatus and greater tuberosity tenderness, as well as mild biceps tendon tenderness. Subacromial crepitus was present. There was 5/5 motor strength and intact sensation. Positive provocative testing included AC joint compression test, impingement 1 test, impingement 2 test, and impingement 3 test. The provider indicated that the injured worker's MRI of the right shoulder on 10/03/2014 revealed a partial thickness supraspinatus and subscapularis tendon tear with mild medial subluxation of the biceps tendon and AC joint disease. Recommendations at that time included arthroscopic right shoulder evaluation to include subacromial decompression, coracoid decompression, and rotator cuff repair with possible biceps tendon repair. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right shoulder arthroscopic evaluation, arthroscopic subacromial decompression, arthroscopic coracoid decompression possible rotator cuff repair and/or biceps tendon:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210 - 211.

**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. Although it is noted that the injured worker has been previously treated with 8 sessions of physical therapy and 2 cortisone injections, there were no official imaging studies provided for this review. Therefore, the request is not medically appropriate at this time.

**Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210 - 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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.

**Twelve supervised post-operative physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.