

<b>Case Number:</b>	CM15-0039797		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 51-year-old female who sustained an industrial injury on 10/20/14. Injury occurred when she was putting a box on a pallet and it fell. She tried to catch it, and injured her right shoulder. The 10/28/14 right shoulder MRI impression documented a tear of the long biceps tendon with retraction of the distal stump to the level of proximal humeral shaft. There was a 17 x 17 mm supraspinatus tendon tear without atrophy of the supraspinatus muscle. There was acromioclavicular (AC) joint arthrosis with advanced cartilage loss and mild spurring, and a type II curved acromion with moderate undersurface spurring. There was attrition of the superior aspect of the posterior labrum. Conservative treatment included shoulder immobilizer, physical therapy, activity modification, corticosteroid injection, and anti-inflammatory medications. The 12/30/14 second opinion report cited severe right shoulder pain. Physical exam documented active abduction to 30 degrees and flexion to 45 degrees. Passive range of motion was reported as abduction 90, flexion 130, internal rotation 40, and external rotation 80 with pain. There was tenderness over the greater tuberosity. The diagnosis was rotator cuff tear, AC joint arthritis, attrition of the superior labrum, and well-healed biceps tendon tear. The treatment plan recommended surgery and she was referred by to the treating physician. The 1/8/15 orthopedic report cited persistent right shoulder pain and stiffness. The second opinion had recommended rotator cuff repair. Physical exam documented right shoulder range of motion as flexion 20 and abduction 70 degrees with normal internal and external rotation. Pain was reported at extremes of motion. Impingement test was positive and there was no ligament laxity. The patient complained of left shoulder pain and symptoms secondary to overuse. The treatment

plan recommended right shoulder arthroscopic rotator cuff repair. The 2/12/15 utilization review non-certified a request for right shoulder arthroscopy as there was no clinical documentation submitted by the primary treating physician.

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

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

#### **Right shoulder, Arthroscopy: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. Subjective criteria include pain with active arc of motion 90 to 130 degrees and pain at night. Objective criteria include weak or absent abduction and tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of rotator cuff deficit are required. Guideline criteria have been met. The patient presents with persistent function-limiting right shoulder pain. Clinical exam and imaging evidence are consistent with rotator cuff tear and impingement. Detailed evidence of at least 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.