

<b>Case Number:</b>	CM15-0040625		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 30-year-old male who reported an injury on 02/20/2014. The mechanism of injury was the injured worker lifted a large tractor drill bit and heard a pop in the shoulder. The diagnoses included left shoulder impingement and rotator cuff syndrome. Prior therapies included medications and cortisone injections. The injured worker underwent an MRI arthrogram on 11/18/2014, which revealed an unremarkable study. The injured worker was noted to undergo an MRI of the left shoulder on 03/11/2014, which revealed minimal hypertrophic changes in the AC joint with mild reactive edema in the acromion. There was mild inflammation in the subacromial/subdeltoid bursa. There was trace fluid in the biceps tendon sheath, which may represent mild tenosynovitis. There was mild tendinosis of the supraspinatus tendon with no significant rotator cuff tear. The injured worker underwent x-rays on 07/07/2014, which revealed no fractures, dislocations, masses, or arthritic changes. The official MRI arthrogram was not provided for review. The documentation of 01/05/2015 revealed the injured worker had diagnoses of left shoulder biceps tendinitis and rotator cuff tendinopathy. The treatment plan included a second evaluation. The injured worker had an initial physical therapy evaluation on 09/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder rotator cuff repair:** Upheld

**Claims Administrator 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 Chapter.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that a referral for a surgical consultation may be appropriate for injured workers who have activity limitation for more than 4 months, plus the existence of a surgical lesion, the failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to provide documentation of the official MRI. There was a lack of documentation of a physical examination to support the need for surgical intervention. Additionally, there was a lack of documentation indicating a failure of conservative care. Given the above, the request for Left shoulder rotator cuff repair is not medically necessary.