

<b>Case Number:</b>	CM15-0051351		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Minnesota, Florida  
 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 56 year old male who fell on October 2, 2014 while chasing shoplifters outside the store. He sustained multiple injuries to his back, neck, right shoulder, bilateral hands, elbows and knees. He was seeing a chiropractor for adjustments involving his neck, back, massage, TENS units and heat. The notes also indicate a referral for physical therapy 2 times a week for 3 weeks but no physical therapy notes are submitted. There is no documentation of corticosteroid injections of the shoulder. A follow-up consultation dated 1/12/2015 indicates subjective complaints of right shoulder pain 7/10, cervical pain 5/10, thoracic pain 3/10, low back pain 5/10, right knee pain 3/10 and left knee pain 3/10. He was taking tramadol 300 mg per day, naproxen 550mg three times a day, a proton pump inhibitor 3 times a day, and cyclobenzaprine 7.5 mg twice a day. On examination, right shoulder flexion was 120°, abduction 120°, impingement signs were positive and Jobe test was positive. There was atrophy of the right deltoid musculature. The MRI scan of 2/10/2015 revealed a partial-thickness synovial surface tear involving the infraspinatus tendon, findings consistent with tendinopathy involving the supraspinatus and infraspinatus tendons and possible partial tears involving the bursal surfaces, type III acromion with prominent lateral downsloping placing the patient at increased risk for impingement syndrome, and nondisplaced tear of the superior labrum. The provider diagnosed posttraumatic impingement with rotator cuff tear of the right shoulder and requested subacromial decompression and debridement of rotator cuff tear on February 19, 2015. Utilization review noncertified the request as there was no documentation of physical therapy as

necessitated by guidelines prior to subacromial decompression citing California MTUS guidelines. This is appealed to an independent medical review.

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

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

**Right shoulder rotator cuff tear with post-traumatic impingement, subacromial decompression and debridement of rotator cuff:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 213.

**Decision rationale:** California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. The guidelines indicate 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. The documentation provided does not indicate that this was done. Although there was a request for physical therapy 2 times a week for 3 weeks in October 2014, the final outcome of that physical therapy is not known. Corticosteroid injections are not documented. As such, the request for arthroscopy with subacromial decompression and debridement of the rotator cuff is not supported and the medical necessity of the request has not been substantiated.