

<b>Case Number:</b>	CM15-0054228		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 sustained an industrial injury on 08/25/2011. He reported immediate severe pain in his left shoulder, lumbar spine and right knee. Treatment to date has included x-rays, MRI, medications, surgery and physical therapy. Diagnoses included failed surgery of the left shoulder per MRI of 2013, cervical disc herniation with myelopathy, partial tear of rotator cuff tendon of the left shoulder, rotator cuff syndrome left shoulder, thoracic spondylosis without myelopathy, chondromalacia patella of the right knee, anxiety, insomnia, hypertrophy (benign) of prostate and impotence. According to a progress report dated 02/23/2015, the injured worker complained of constant, sharp, pulsating pain in the left shoulder. Pain radiated to the neck and down to the elbow. Pain was rated 8 on a scale of 1-10. He also complained of entire back pain and right knee pain. Diagnoses were noted as left shoulder rotator cuff repair, failed rotator cuff repair with re-tear and wide retraction per MRI of 2013, associated muscle atrophy, glenohumeral arthritis, superior subluxation of the humeral head, acromioclavicular arthritis, and decreased range of motion of the left shoulder. The provider requested authorization for left shoulder rotator cuff repair. The request was noncertified by UR for lack of a recent imaging study, and a recent non-operative treatment program. CA MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy with rotator cuff repair and possible acromioclavicular joint resection, CPT: 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), shoulder - Surgery for rotator cuff repair.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209, 210, 211. Decision based on Non-MTUS Citation ODG, Section: Shoulder, Topic: Surgery for rotator cuff repair.

**Decision rationale:** The injured worker is a 56-year-old male with a date of injury of 8/25/2011. He underwent surgery on 10/18/2011 consisting of arthroscopy of the left shoulder, subacromial decompression, and rotator cuff repair. Postoperatively he continued to experience shoulder pain. The symptoms became chronic and the MRI scan was repeated on 8/9/2013 at which time it showed a large rotator cuff tear with 4 cm retraction, atrophy, and superior subluxation of the humeral head, glenohumeral arthritis, and moderate degenerative joint disease of the acromioclavicular joint. The injured worker was treated nonoperatively. An orthopedic consultation in 2015 was associated with a request for arthroscopic subacromial decompression and rotator cuff repair. No additional imaging studies have been performed. Utilization review noncertified the request for rotator cuff repair using California MTUS as well as ODG guidelines. The tear as noted on the imaging studies in 2013 was retracted by 4 cm, and was associated with muscle atrophy indicating chronicity, and was associated with superior subluxation of the head of humerus indicating rotator cuff arthropathy. Absence of a recent imaging study indicates that the cuff tear is probably a lot worse than before with likely progression of degenerative changes and may not be repairable. Therefore conservative treatment is advised and a new imaging study is advised by utilization review to evaluate the current situation with regard to the shoulder and feasibility of operative repair. California MTUS guidelines indicate a rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in the younger workers. Studies of normal subjects document the universal presence of degenerative changes and conditions including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without the surgical risks. Studies evaluating results of conservative treatment of full-thickness rotator cuff tears have shown an 82-86% success rate for patients presenting within 3 months of injury. A study reported 86% of patients who underwent open repair for larger tears had satisfactory results. The guidelines recommend a preoperative MRI scan for clarification of the anatomy prior to an invasive procedure for example a full-thickness rotator cuff tear not responding to conservative treatment. The last available MRI scan is from 2013 and so the status of the large rotator cuff tear with retraction and atrophy is not known at this time. ODG guidelines with regard to revision rotator cuff repair indicate that the results of revision rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most patients, selection criteria should include patients with an intact deltoid origin, good quality rotator cuff tissue, preoperative elevation above the horizontal, and only one prior procedure. In light of the foregoing, particularly with regard to absence of a recent imaging study determining the feasibility of an operative procedure to repair the chronic large rotator cuff tear with retraction, atrophy, and superior subluxation of the head and the absence of a recent

comprehensive exercise rehabilitation program with corticosteroid injections and physical therapy, the request for arthroscopy of the left shoulder with rotator cuff repair and possible acromioclavicular joint resection is not supported and as such, the medical necessity of the request has not been substantiated.