

<b>Case Number:</b>	CM15-0057117		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 55-year-old male who sustained an industrial injury on 12/13/12. Injury occurred when he was unscrewing an oil filter and felt a pain in the right shoulder. He subsequently underwent right shoulder arthroscopy with subacromial decompression, debridement and lysis, lysis of glenohumeral joint, and manipulation under anesthesia on 5/6/13, and a right shoulder arthroscopic capsular release and manipulation under anesthesia due to adhesive capsulitis on 10/27/14. The 1/0/27/14 operative report documented the biceps tendon was 30% frayed and the superior 1.5 cm of the subscapularis was completely torn off the bone. The treating physician stated this would need to be addressed later. At least 20 physical therapy visits were provided following the 10/27/14 surgery. The 2/2/15 physical therapy progress report cited grade 3/10 right shoulder pain. Functional limitations were reported in activities of daily living, tucking in his shirt, and heavy lifting. Upper extremity functional index score was 29/80. Progress report documented flexion 165 degrees, abduction and external rotation within normal limits, and internal rotation to L1. Passive range of motion was within normal limits. Muscle testing documented flexion and abduction 4/5, and internal/external rotation 4+/5 strength. The 2/10/15 treating physician report indicated the patient had unchanged grade 5/10 intermittent depending on activity. He recently attended 5 physical therapy sessions with no improvement. Physical exam documented no swelling, full range of motion, and weakness of the cuff. The diagnosis included right subscapularis tear. The treatment indicated the injured worker needed a right shoulder arthroscopy with biceps tenodesis and subscapularis repair. The 3/12/15 utilization

review non-certified the request for right shoulder arthroscopy as there was no recent MRI to confirm the medical necessity of this procedure or evidence of sufficient conservative treatment.

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

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

#### **Right shoulder arthroscopy, biceps and subscapularis repair, possible arthrotomy:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Revision rotator cuff repair.

**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; Biceps tenodesis.

**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 (ODG) for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. The ODG guidelines support biceps tenodesis for patients undergoing concomitant rotator cuff repair. Guideline criteria have been met. This patient presents with persistent right shoulder pain and functional disability precluding return to work. Clinical exam findings are consistent with arthroscopic evidence of a complete subscapularis tear with biceps tendon involvement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.