

<b>Case Number:</b>	CM15-0057365		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 62 year old male who sustained an industrial injury on 12/13/2012. Diagnoses include left shoulder impingement syndrome and rotator cuff tear, right shoulder impingement syndrome, cervical strain, lumbar strain, and umbilical hernia. Treatment to date has included diagnostic testing, and medications. A physician progress note dated 01/13/2015 documents the injured worker has a positive Hawkins sign for impingement with weakness with abduction testing in the left shoulder. Range of motion in forward flexion was from 0 to 170 degrees, external rotation was from 0 to 40 degrees and internal rotation was to T12. The treatment plan was for left shoulder arthroscopy with subacromial decompression with rotator cuff repair. Treatment requested is for left Shoulder arthroscopy, and pre-op medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthroscopy, Subacromial Decompression Rotator Cuff Repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211. Decision based on Non-MTUS Citation Official Disability Guidelines: Section: Shoulder, Topic: Diagnostic Arthroscopy.

**Decision rationale:** The request as stated on the IMR application is for a left shoulder arthroscopy and preoperative clearance. A detailed description of the requested surgical procedure has not been provided. A review of the documentation submitted indicates that an MRI scan of the left shoulder was performed on 5/15/2014 and revealed a small partial-thickness rotator cuff tear. There was evidence of impingement and acromioclavicular arthritis. No evidence of a labral tear was noted. 12 physical therapy visits were documented. Based upon the clinical examination as well as MRI findings, the diagnosis is fairly clear and so a diagnostic arthroscopy is not necessary. For a rotator cuff repair, a full-thickness rotator cuff tear needs to be documented. The documentation provided does not indicate 3-6 months of conservative rehabilitation program with physical therapy and injections. The MRI scan does not show a full-thickness rotator cuff tear. Therefore, this request is not medically necessary.

**Pre-Op Medical Clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.