

<b>Case Number:</b>	CM15-0071758		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New York  
 Certification(s)/Specialty: Neurological 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 32 year old female, who sustained an industrial injury on July 21, 2014. The mechanism of injury was not provided. The injured worker has been treated for neck and right shoulder complaints. The diagnoses have included right shoulder impingement syndrome, partial thickness tear of the rotor cuff of the right shoulder, cervical disc herniation, chronic neck pain, right arm pain and right sternoclavicular joint pain. Treatment to date has included medications, radiological studies, physical therapy and injections. Current documentation dated February 25, 2015 notes that the injured worker was in marked distress. The injured worker was noted to have tenderness of the right shoulder with weakness to external rotation and a positive impingement sign. The treating physician noted the injured worker had a right rotator cuff tear per clinical examination and MRI and had failed conservative treatment. Therefore, the treating physician recommended right shoulder surgery. The treating physician's plan of care included request for right shoulder surgery with a partial articular supraspinatus tendon avulsion (PASTA) repair, possible biceps tendon tenodesis and possible Mumford procedure, preoperative electrocardiogram, chest x-ray and urinalysis, a consultation for medical clearance, an interferential unit (IF) unit and a urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right shoulder surgery with PASTA repair, possible biceps tendon tenodesis and possible Mumford procedure: 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, Indications for Surgery - Acromioplasty; Indications for Surgery - Rotator cuff repair; Criteria for surgery for Biceps tenodesis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-10.

**Decision rationale:** The California MTUS guidelines recommend surgical consideration of the shoulder when clear clinical and imaging evidence of a lesion that has been shown to benefit, in both short and long term, from surgical repair is established. Documentation does not provide this evidence. The requested treatment: 1 right shoulder surgery with PASTA repair, possible biceps tendon tenodesis and possible Mumford procedure is not medically necessary and appropriate.

**1 pre-operative EKG (electrocardiogram): 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.

**1 Pre-operative chest x-ray: 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.

**1 urinalysis: 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.

**1 consultation for 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.

**1 IF unit:** 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.

**1 urine toxicology screening:** 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.