

<b>Case Number:</b>	CM15-0080766		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: California

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:

This 42-year-old year old female sustained an industrial injury to the left knee, left wrist and left shoulder on 5/3/14. Previous treatment included magnetic resonance imaging, left knee arthroscopy with medial and lateral meniscectomy, physical therapy, acupuncture, chiropractic therapy, injections and medications. MRI left shoulder 1/22/15 demonstrates moderate tendinosis/tendinopathy of the supraspinatus tendon. In a PR-2 dated 3/19/15, the injured worker complained of pain to the left shoulder, elbow, wrist and knee. Current diagnoses included left shoulder bursitis, left shoulder impingement syndrome, left lateral epicondylitis, left wrist internal derangement, left wrist sprain/strain, status post left wrist fracture, left knee degenerative joint disease, left knee lateral meniscus tear and left knee sprain/strain. The treatment plan included additional chiropractic therapy and acupuncture for the left shoulder, knee and wrist, left shoulder arthroscopic subacromial decompression with twelve postoperative physical therapy sessions and left knee arthroscopic lateral meniscectomy with twelve postoperative physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 post-operative therapy for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 26-27.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**1 Left shoulder arthroscopic subacromial decompression with cuff repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally, there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case, the MRI from 1/22/15 does not demonstrate evidence of a rotator cuff tear to warrant surgery. Therefore the determination is for not medically necessary for the requested procedure.