

<b>Case Number:</b>	CM14-0130899		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/10/2009
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 67-year-old male who injured his left shoulder. He had rotator cuff repair in 2009. He continues to have chronic shoulder pain. He underwent right shoulder repair of rotator cuff tear in 2011. He had physical therapy. He continues to have pain in his right shoulder. He had a postoperative MRI of the shoulder that demonstrated recurrent rotator cuff tear. He has had multiple physical therapy visits. He's taking pain medication. He's doing gentle pendulum exercises at home. He also has carpal tunnel surgery on both hands. He also has low back problems. Consults reported functional surgery he reports 92% limitation of function and severe shoulder pain. On physical examination shoulder range of motion is restricted. The patient has a painful range of shoulder motion. At issue is whether additional shoulder surgeries medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder possible labral repair, possible rotator cuff revision, subacromial decompression, debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Shoulder pain chapter , ODG shoulder pain chapter

**Decision rationale:** This patient does not meet establish criteria for revision shoulder surgery. Specifically the medical records do not document that the patient has exhausted conservative measures. There is no documentation of her recent shoulder cortisone injection in the results of that injection. More conservative measures are necessary at this time. Criteria for revision shoulder surgery are not met.

**Associated surgical service: 12 sessions of physical therapy, post-operative:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

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

**Associated surgical service: Post-operative medications:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**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.