

<b>Case Number:</b>	CM14-0149864		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 California. 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:

This 48-year-old male sustained an industrial injury on 2/22/13. The mechanism of injury was not documented. A 7/25/14 letter documented authorization of anti-inflammatory and pain medications, topical medication, and right shoulder rotator cuff repair. The patient underwent right shoulder rotator cuff repair, Mumford procedure, and acromioplasty on 8/15/14. The post-operative diagnosis was right shoulder rotator cuff tear, acromioclavicular arthritis, and subacromial impingement. Operative findings documented a 1.5 cm retracted supraspinatus tear. The 8/19/14 utilization review denied the request for right shoulder arthroscopy, rotator cuff repair, acromioplasty, and possible Mumford procedure as a right shoulder MRI report was not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SURGERY: RIGHT SHOULDER ARTHROSCOPY, ROTATOR CUFF REPAIR, ACOMIOPLASTY:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-211.

**Decision rationale:** The 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. Guidelines for partial thickness rotator cuff tears state that surgery is reserved for cases failed conservative treatment for 3 months. Guideline criteria have been met based on the operative findings of a retracted rotator cuff tear, acromioclavicular arthritis, and subacromial impingement. Therefore, this request is medically necessary.

**SURGERY: POSSIBLE MUMFORD PROCEDURE:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Partial Claviculectomy

**Decision rationale:** The California MTUS guidelines do not provide specific criteria for this procedure. The Official Disability Guidelines criteria for partial claviculectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, positive diagnostic injection, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guidelines criteria have been met based on operative findings of acromioclavicular arthritis with subacromial impingement. Therefore, this request is medically necessary.