

<b>Case Number:</b>	CM14-0099540		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Texas & Florida. 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:

The injured worker is a 44 year old male who reported an injury to his right shoulder. The utilization review dated 06/20/14 resulted in a denial for a right shoulder subacromial decompression with a rotator cuff repair and biceps tenodesis as insufficient information had been submitted confirming the medical need for the surgical intervention. The clinical note dated 07/09/14 indicates the injured worker complaining of right shoulder pain, persistent pain, weakness with internal rotation. The note indicates the injured worker having undergone a Xylocaine and Marcaine injection at the right shoulder. The MRI of the right shoulder dated 05/30/14 revealed degenerative changes at the glenohumeral joint, and mild supraspinatus tendinopathy with a possible small interstitial tear, and tendinopathy was also identified at the subscapularis, and a partial medial subluxation was revealed at the long head of the biceps along with tendinopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery: Right Shoulder Arthroscopy, Subacromial Decompression, Rotator Cuff Repair and Bicep Tenodesis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-12.

**Decision rationale:** The request for a right shoulder arthroscopy, subacromial decompression, rotator cuff repair, and biceps tenodesis is not medically necessary. The documentation indicates the injured worker complaining of right shoulder pain. An arthroscopic subacromial decompression and rotator cuff repair is indicated for injured workers who have completed all conservative treatments with continued symptomology and imaging studies confirm the injured worker's significant pathology. No information was submitted regarding the injured worker's completion of any conservative treatments outside of an injection. Additionally, the submitted MRI revealed essentially no rotator cuff or labral tear. Given these factors, the request is not indicated as medically necessary.