

<b>Case Number:</b>	CM14-0218201		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Minnesota, Florida

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:

The injured worker is a 70 year-old female, who was injured on July 18, 2014, while performing regular work duties. The injured worker has had continued complaint of left shoulder pain with radiation to the arm and associated numbness and tingling. The injured worker was injured during a trip and fall. The evaluation on September 22, 2014, indicates a magnetic resonance imaging of the left shoulder was completed on August 18, 2014, and shows a tear of the rotator cuff. This report is not provided for this review. An evaluation on December 5, 2014, reveals a range of motion which shows abduction and flexion of 30 degrees, and general tenderness of the left shoulder. The records indicate the injured worker has been prescribed Tylenol #3 since at least October 10, 2014. The request for authorization is for surgical rotator cuff repair of the left shoulder and Tylenol # 3 300/30 mg, quantity #60. The diagnosis is rotator cuff syndrome. On November 25, 2014, Utilization Review non-certified the request for surgical rotator cuff repair of the left shoulder and Tylenol # 3 300/30 mg, quantity #60, based on ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical rotator cuff repair of the left shoulder and Tylenol 3 300/30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209, 210, 211.

**Decision rationale:** The injured worker is a 70-year-old female with a history of left shoulder injury on 7/18/2014. Documentation indicates left shoulder pain with limited range of motion. There is a request for arthroscopy of the left shoulder with rotator cuff repair. However, the MRI report is not included with the documentation submitted for review. The California MTUS guidelines indicate referral for surgical consultation if there is activity limitation for more than 4 months plus existence of a surgical lesion and failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The imaging evidence has not been provided and therefore determination of the necessity of the requested rotator cuff repair cannot be performed. The efficacy of arthroscopic decompression for full-thickness tears depends upon the size of the tear. Surgical outcomes are much better in younger patients than in older patients who may be suffering from degenerative changes in the rotator cuff. Without the benefit of the MRI report, the medical necessity of the requested surgical procedure of surgical rotator cuff repair, left shoulder and Tylenol #3 300/30mg # 60 cannot be established.