

<b>Case Number:</b>	CM14-0218459		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/23/2014
<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:

This 40 year old male sustained a work related injury on 2/21/2011. The mechanism of injury was reported to be injury from a fall. The current diagnosis is right shoulder sprain with probable internal derangement, rotator cuff tear versus labral tear versus all of the above. According to the progress report dated 11/24/2014, the injured workers chief complaints were unspecified pain, 8-9/10 on a subjective pain scale. The physical examination of the right shoulder was not documented. Current medications are Colace, Miralax, Hydrocodone, Oxycodone, and Tizanidine HCL. The injured worker was previously treated with multiple cortisone injections and physical therapy. Multiple diagnoses including cervical sprain, possible myelopathy, lower extremity weakness, thoracolumbar sprain, facet arthropathy, disc extrusions, lower extremity radiculopathy, left knee sprain, internal derangement with instability, right shoulder sprain and probable internal derangement, rotator cuff tear versus labral tear versus all of the above. Review of the submitted medical records reveals requests for a motorized wheelchair and a hospital bed in the past. The injured worker complains of severe low back pain. Medications have included Norco, hydromorphone, oxycodone. An MRI scan of the right shoulder dated 6/16/2014 revealed mild glenohumeral joint arthrosis with chondral fissuring and subchondral changes of the glenoid, 1.4 cm Labral cyst along the inferior glenoid suggestive of an inferior/anteroinferior labrum tear. There was no Hill-Sachs fracture, no osseous Bankart. There was mild to moderate rotator cuff tendinosis. There was a small interstitial tear in the distal subscapularis tendon. There was no high-grade or full-thickness rotator cuff tear. There was moderate acromioclavicular arthrosis with subchondral changes. The request for shoulder

surgery did not specify the type of surgery and so it was noncertified by utilization review. This is now appealed to an independent medical review. On 12/23/2014, Utilization Review had non-certified a prescription for right shoulder surgery, noting the MTUS, ACOEM Medical Treatment Guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right Shoulder Surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The surgical request is vague and does not specify the type of surgery. There is no recent physical examination pertaining to the right shoulder submitted. The MRI scan did not reveal a full-thickness rotator cuff tear, evidence of impingement syndrome, or clear imaging evidence of a lesion that is known to benefit in both the short-term and long-term from surgical repair. The documentation does not include evidence of a recent comprehensive shoulder rehabilitation program with exercises and injections and associated failure. Based upon the documentation submitted, there is no clear need for any shoulder surgery. As such, the request for unspecified shoulder surgery for the right shoulder is not supported by guidelines and the medical necessity of such request is not established.