

<b>Case Number:</b>	CM15-0106007		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California, Indiana, Oregon  
 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 48-year-old female, who sustained an industrial injury on 5/18/2010. She reported pain in her left index finger, left wrist, left elbow and left shoulder. Diagnoses have included cervical spine myofascitis with radiculitis, rule out cervical spine disc injury, bilateral shoulder impingement syndrome, left wrist tendinitis, left carpal tunnel syndrome and bilateral elbow lateral epicondylitis. Treatment to date has included electrodiagnostic studies, magnetic resonance imaging (MRI), physical therapy and medication. Magnetic resonance imaging (MRI) of the left shoulder from 1/17/2015 showed degenerative changes and rotator cuff tendinitis with labral tear. According to the progress report dated 4/2/2015, the injured worker complained of constant neck pain causing headaches. She complained of constant left shoulder pain with locking of clavicle area. She complained of burning sensation and pain at both elbows and wrists. She also complained of right shoulder pain and grinding. Physical exam revealed tenderness to the right greater than left shoulder at the anterior joint line and acromioclavicular joint. There was positive pain with external rotation and abduction along with spasm to the right greater than left trapezius muscles. A cortisone injection was given to the right shoulder. The injured worker was temporarily very disabled. Authorization was requested for left shoulder arthroscopy, subacromial decompression and rotator cuff repair versus debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthroscopy, Subacromial Decompression and Rotator Cuff Repair vs Debridement: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition.

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

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally, there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case, the MRI from 1/17/15 does not demonstrate a full thickness repairable tear. Therefore, the request for repair is not medically necessary.