

<b>Case Number:</b>	CM15-0010382		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: Illinois, California, Texas  
 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 (IW) is a 50 year old male, who sustained an industrial injury on 3/3/14 relative to a slip and fall. He underwent right shoulder arthroscopic subacromial decompression, Mumford procedure, labral debridement, and rotator cuff repair on 7/14/14. The patient underwent post-operative chiropractic rehabilitation. The 10/23/14 orthopedic report documented significant pain and subsequent stiffness after doing strengthening Thera-Band exercises when he felt a pop and pain. Physical exam documented forward flexion to 100, abduction to 60, external rotation 30 at 0 and 40 at 80, and internal rotation not beyond the hip or low back. An updated MRI was requested. The 11/11/14 right shoulder MRI impression documented prior rotator cuff repair, tears of the supraspinatus and infraspinatus tendons, minimal subacromial and subscapularis bursitis, minimal glenohumeral joint effusion, acromioclavicular joint osteoarthritis, biceps tenosynovitis, paralabral cyst at the posterior aspect of the glenoid, and tear of the superior glenoid. The 12/15/14 chiropractic progress report cited right shoulder pain, numbness and weakness. Physical exam documented MRI positive for rotator cuff tear, post-operative. The treatment plan recommended referral for right shoulder second surgery. On January 15, 2015, Utilization Review non-certified a Second Surgery for Right Shoulder, Outpatient based on an absence of a clinical exam or imaging studies showing an impairment that would benefit from surgical intervention. The MTUS, ACOEM Guidelines was cited. On January 18, 2015, the injured worker submitted an application for IMR for review of requested Second Surgery for Right Shoulder, Outpatient.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Second Surgery For Right Shoulder, Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Shoulder: Surgery for rotator cuff repair; Surgery for impingement syndrome

**Decision rationale:** The California MTUS guidelines provide general recommendations for rotator cuff repair and impingement syndrome. For rotator cuff tears presenting primarily as impingement, surgery is reserved for cases failing conservative treatment for three months. The preferred procedure is arthroscopic decompression. The Official Disability Guidelines criteria for rotator cuff repair of partial thickness tears generally require 3 to 6 months of conservative treatment. Surgical indications include pain with active arc motion 90-130 degrees, pain at night, weak or absent abduction, rotator cuff or anterior acromial tenderness, positive impingement sign, temporary relief of pain with anesthetic injection, and imaging evidence of rotator cuff deficit. Guideline criteria have not been met. This request was submitted by the chiropractic treating physician with no specific procedure indicated. A right shoulder clinical examination was not documented. In the absence of a specific surgical request from the operating surgeon and lacking clinical exam justification, this request for a second surgery for the right shoulder is not medically necessary.