

<b>Case Number:</b>	CM15-0121251		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	05/17/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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:

This 37 year old female sustained an industrial injury on 5/17/14. She subsequently reported right shoulder pain. Diagnoses include tendinitis shoulder and right rotator cuff tear with impingement. Treatments to date include nerve conduction, x-ray and MRI testing, chiropractic care, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience pain in the right side of the neck to the shoulder anterolaterally down the arm with pain and numbness of the fingers. Upon examination, range of motion of the right shoulder is about 80 percent, impingement side is positive. There is vague tenderness on the right side in the paravertebral muscles and trapezius and vague pain down the arm. A request for acromioplasty decompression rotator cuff repair of the right shoulder and associated surgical services: Cold therapy unit, 1 week rental was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acromioplasty decompression rotator cuff repair of the right shoulder:** 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.

**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. In this case, there is no evidence of rotator cuff tear on MRI. Based on this, the request is not medically necessary.

**Associated surgical services: Cold therapy unit, 1 week rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.