

<b>Case Number:</b>	CM15-0121320		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/09/2015
<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:

The injured worker is a 47 year female old with a date of injury of 9/12/14. Diagnosis is rotator cuff disorder, stable. In a progress report dated 6/1/15, a treating physician notes the injured worker complains of right shoulder, right elbow and right knee pain. She states she was struck by a forklift that did not see her and she fell and landed onto her right side causing instant pain. She has attended physical therapy which she states did not help with the pain or range of motion. Pain has continued. Exam notes the right trapezius is tender and hypertonic. Strength of the right shoulder is 4/5 in flexion, abduction, and external rotation. An MRI of the right shoulder shows significant calcific tendonitis of the rotator cuff insertion. This correlates with her subjective complaints of pain as well as the objective exam. Pain in the shoulder has been worsening and has failed extensive physical therapy. Pain is chronic at this time. Work status is to remain off work until 6/18/15. Treatment plan is to proceed with arthroscopy for debridement of calcific portion of the tendon and repair of the tendon as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy for debridement of calcific portion of tendon and repair of tendon as needed of the right shoulder:** Upheld

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

**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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 6/1/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the request does not adhere to guideline recommendations and is not medically necessary.