

<b>Case Number:</b>	CM15-0095983		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: 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 61-year-old female, who sustained an industrial injury on 3/27/14. The injured worker has complaints of low back pain with radiation to the left lower extremities as well as left shoulder pain. The diagnoses have included persistent left shoulder pain, subacromial impingement and rotator cuff tear. Treatment to date has included physical therapy; left knee arthroscopic surgery on 12/12/14; magnetic resonance imaging (MRI) left shoulder 6/24/14 showed suspect superior supraspinatus 5 millimeter tear, 12 millimeter proximal to supraspinatus at the insertion site on the humeral head and presence of subacromial-subdeltoid bursal fluid noted, consistent with suspect superior supraspinatus tendon. The request was for left shoulder arthroscopy with rotator cuff repair; acromioplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthroscopy with Rotator Cuff Repair Acromioplasty: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Indications for Surgery.

**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 1/30/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. There is no report from the MRI to review. Based on the above, the request is not medically necessary, as guideline criteria have not been met.