

<b>Case Number:</b>	CM15-0097261		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	08/01/2006
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: New York

Certification(s)/Specialty: Neurological 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 59 year old female, who sustained an industrial injury on 8/1/06. The injured worker has complaints of right shoulder pain. The examination noted mild limitation in strength, supraspinatus 4/5, internal rotation 4/5, internal rotation 4/5 and external rotation 4/5. The documentation noted diffuse tenderness. The diagnoses have included rotator cuff tear and right shoulder cuff tear. Treatment to date has included physical therapy; arthroscopic shoulder surgery; Lidoderm patch; tramadol; magnetic resonance imaging (MRI) dated 1/5/15 revealed a low-grade partial thickness tear of the supraspinatus tendon at the extreme anterior free edge without full-thickness tear or retraction. The request was for right rotator cuff repair, extensive debridement, distant clavicle resection synovectomy, possible biceps tenodesis; preoperative medical clearance; associated surgical service, five day polar care unit rental; associated surgical service, ultra sling; associated surgical service, physical therapy for the right shoulder, twice a week for six weeks; Phenergan 25mg #20 and Percocet 5/325mg #40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right rotator cuff repair, extensive debridement, distant clavicle resection synovectomy, possible biceps tenodesis: 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:** The California MTUS Guidelines do recommend shoulder surgery when there is clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Documentation does not provide this evidence as the physical examination shows a full range of motion of the shoulder. The requested treatment: Right rotator cuff repair, extensive debridement, distant clavicle resection synovectomy, possible biceps tenodesis is not medically necessary and appropriate.

**Preoperative medical clearance:** 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.

**Associated Surgical Service: Five day polar care unit 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.

**Associated Surgical Service: Ultra sling:** 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.

**Percocet 5/325mg #40:** 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.

**Phenergan 25mg #20:** 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.

**Associated Surgical Service: Physical therapy for the right shoulder, twice a week for six weeks:** 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.