

<b>Case Number:</b>	CM15-0098095		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 55 year old male, who sustained an industrial injury on October 15, 2014. The injury occurred while the injured worker was lifting and pushing a heavy wheelbarrow. The injured worker experienced immediate pain in the left shoulder and lower back. The diagnoses have included left rotator cuff tear, left shoulder strain, biceps tendon rupture and sprain of the lumbar region. Treatment to date has included medications, radiological studies, MRI and physical therapy. Current documentation dated April 29, 2015 notes that the injured worker reported left shoulder pain without radiation for the past six months. The pain was characterized as severe, dull, achy and worse with activity. Examination of the left shoulder revealed a non-tender acromioclavicular joint, decreased strength and a decreased range of motion. Special shoulder testing was negative. The treating physician recommended left shoulder surgery to decrease the injured worker's pain and improve his level of function. The treating physician's plan of care included a request for a rotator cuff repair and biceps tenodesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rotator cuff repair and biceps tenodesis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter, rotator cuff repair.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Kuzel et al. Fatty infiltration and rotator cuff atrophy JAAOS 2013 vol 21(10) 613-623.

**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 the MRI 4/1/15 the rotator cuff is found to have a retracted, atrophied tear. This lesion has not been shown to improve consistently with surgery. Based on above, the request for rotator cuff repair is not medically necessary.