

<b>Case Number:</b>	CM13-0025603		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/05/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old female who was injured in a work related accident on 08/05/12 sustaining injury to the right shoulder. Records for review include a right shoulder report from 10/24/12 that showed a type II moderate proliferate changes to the acromioclavicular joint with impingement of the supraspinatus with intrasubstance tearing. The rotator cuff musculature, however, was without full thickness tearing or pathology. Most recent clinical assessment for review in regard to the claimant's shoulder is dated 08/20/13 with [REDACTED], where she was with subjective complaints of continued pain about the shoulder. It states that a subacromial injection was performed of the shoulder that had helped for eight weeks, has also been treated with medication management, anti-inflammatory, and physical therapy. The present complaints were that of pain above shoulder level and with overhead activities. Physical exam showed full motion with positive impingement, 5/5 motor tone, and a "popping" sensation with motion. She was diagnosed with a sprain to the rotator cuff with possible impingement. She states that is now over a year from injury failing conservative care including injection therapy. Surgical intervention was recommended at that time in the form of decompression and arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder scope arthroscopy with Subacromial decompression:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 211.

**Decision rationale:** Based on California ACOEM Guidelines, surgical intervention in the form of arthroscopy appears medically necessary. The claimant has failed greater than six months of conservative care including injection therapy to the shoulder and continues to be symptomatic with positive findings of impingement with an MRI scan that demonstrates intrasubstance tearing and inflammatory changes to the supraspinatus. The claimant's current clinical picture would support the role of a right shoulder arthroscopy with subacromial decompression as requested.