

<b>Case Number:</b>	CM14-0150398		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert 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 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/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:

Claimant with reported industrial date of injury of 9/8/11. MRI right shoulder from 3/6/14 demonstrates acromioclavicular osteoarthritis and bicipital tenosynovitis. Exam from 7/18/14 demonstrates claimant with right shoulder pain and weakness. Pain is worse with overhead activities. Patient has tried physical therapy and provider reports this has failed. Exam demonstrates 4/5 strength with 150 degrees of flexion, 30 degrees of extension, abduction of 40 degrees, internal rotation of 70 degrees and external rotation of 70 degrees. Exam note from 8/15/14 demonstrates unchanged pain and examination. Request is made for right shoulder diagnostic arthroscopy, subacromial decompression, distal clavicle excision, possible synovectomy, labral repair and rotator cuff repair with unspecified postoperative physical therapy to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SHOULDER ARTHROSCOPY/SURGERY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability guidelines (ODG) Shoulder section, Acromioplasty.

**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 that is not present in the submitted clinical information from 7/18/14. 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 which is not present in the records. In this case the exam note from 7/18/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is not medically necessary and appropriate.