

<b>Case Number:</b>	CM14-0173310		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 New York. 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:

The patient is a 58-year-old male. The patient has chronic shoulder pain. The patient has had physical therapy and cortisone injections for the left shoulder. There is no documentation a cortisone injection for the right shoulder. It is unclear whether physical therapy has been performed for the right shoulder. On physical examination the patient has decreased range of motion of the shoulder. Patient is diagnosed with shoulder impingement syndrome. At issue is whether right shoulder surgery is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder Arthroscopic subacromial decompression, Mumford:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Indications for Surgery - Acromioplasty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** This patient does not meet establish criteria for shoulder surgery at this time. Specifically there is no documentation a recent trial and failure of physical therapy. The diagnosis of impingement syndrome has not been clearly documented on physical examination. Since the patient has not exhausted conservative measures and the diagnosis of impingement has

not been clearly established in medical records then surgery for impingement syndrome is not medically necessary. In addition there is no documentation of significant a.c. arthritis for the need for a Mumford procedure. Therefore, the request for Right shoulder Arthroscopic subacromial decompression, Mumford is not medically necessary and appropriate.