

<b>Case Number:</b>	CM13-0001156		
<b>Date Assigned:</b>	09/12/2013	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2013

### 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, has a subspecialty in Hand Surgery, and is licensed to practice in Georgia and Texas. 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 55-year-old female who reported an injury on 08/24/2010 due to injuring her left shoulder while operating a dishwashing machine. The patient underwent surgical intervention in 06/2012 followed by postoperative physical therapy and medications. Due to persistent pain and delayed recovery, the patient received psychiatric support. The patient's most recent clinical exam findings included tenderness to the posterior portal with no tenderness to palpation over the acromioclavicular joint, range of motion described as 160 degrees in abduction, 180 degrees in flexion, 90 degrees in external rotation, 70 degrees in internal rotation, 25 degrees in extension, and 30 degrees in adduction of the left shoulder with a negative Hawkins' and Neer's test. The patient's diagnoses included resolving left shoulder impingement syndrome and resolving carpal tunnel syndrome. The patient's treatment plan included addition surgical intervention and postoperative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy, shoulder debridement:** 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): 210-212.

**Decision rationale:** The requested left shoulder arthroscopy, shoulder debridement is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints. However, the patient's most recent evaluation revealed relatively normal findings without physical evidence of impingement. Additionally, American College of Occupational and Environmental Medicine recommends surgical intervention be based on physical findings and supported by an imaging study that provides evidence of a lesion that would benefit from surgical intervention. The clinical documentation submitted for review did contain an MRI of the left shoulder; however, it was prior to the patient's most recent surgery in 06/2012. There was no postsurgical MRI submitted for review to support a lesion that would benefit from surgical intervention. Although the patient has had extensive postoperative therapy, the clinical documentation did not provide any evidence of a physical deficit that severely limited the patient's ability to function. In addition, there was no imaging study to support surgical intervention. As such, the requested left shoulder arthroscopy, shoulder debridement is not medically necessary or appropriate.

**Left shoulder lysis and resection of adhesions:** 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.

**Post-op physical therapy:** 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.

**Game ready unit:** 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.

**Pre-op appointment:** 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.