

<b>Case Number:</b>	CM13-0025454		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 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.

### 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 62-year-old male who reported an injury on 08/11/2009. The patient was diagnosed with a knee/leg sprain as well as impingement and a possible rotator cuff tear, left shoulder. The patient was seen by [REDACTED] on 08/13/2013. The patient reported persistent complaints in the left shoulder. Physical examination revealed 90 degrees of abduction with tenderness and weakness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder surgery:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-201. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Shoulder Chapter.

**Decision rationale:** The ACOEM Practice Guidelines state that surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than 4 months, the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder after exercise programs and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. As per the documentation submitted for review, there were no imaging studies provided for review to corroborate a

diagnosis of impingement syndrome or a rotator cuff tear. There was also no documentation of an exhaustion of previous conservative treatment. The request does not specify what type of left shoulder surgery is being requested. Therefore, the request for left shoulder surgery is not medically necessary and appropriate.