

<b>Case Number:</b>	CM13-0040869		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/25/2005
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 49-year-old female who reported an injury on 10/25/05 after a slip and fall that caused injury to the shoulder and head. The injured worker ultimately underwent two surgeries for the right shoulder. The injured worker was evaluated on 9/19/13. It was documented that the injured worker had left shoulder complaints that had not received any treatment to date. An x-ray taken that day documented mild degenerative changes of the acromioclavicular joint with a type-2 acromion. Physical findings included full range of motion of the left shoulder with 4/5 strength of the supraspinatus with a positive impingement sign and mild acromioclavicular joint tenderness. The injured worker's diagnoses included left shoulder impingement syndrome with mild acromioclavicular joint arthritis. The injured worker's treatment plan at that time included a corticosteroid injection with follow-up evaluation. The injured worker was seen on 10/9/13. It was documented that she had persistent left shoulder pain that was not responsive to the corticosteroid injection. Objective findings remained unchanged. It was noted that the injured worker had participated in a home exercise program to assist with pain control. The injured worker's treatment plan included surgical intervention, as the injured worker had failed to respond to the corticosteroid injection. This treatment recommendation was also based on an MRI provided in July 2013 that reported a small full-thickness supraspinatus tear that would be evaluated at the time of arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LEFT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION, DISTAL CLAVICLE EXCISION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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

**Decision rationale:** The ACOEM recommends surgical intervention for injured workers that have symptoms of impingement that have failed to respond to conservative treatments and significantly impair the injured worker's functional capabilities. The clinical documentation submitted for review does indicate that the injured worker has mild tenderness to palpation over the acromioclavicular joint with a positive impingement sign and mild weakness of the supraspinatus. This is corroborated by imaging studies; however, there is no documentation of how these limitations severely impact the injured worker's functional capabilities. Additionally, although it is noted that the injured worker failed to respond to a corticosteroid injection, there is no documentation that the patient has had any other type of supervised skilled conservative therapy for this injury. Therefore, the need for surgical intervention at this time is not clearly supported. As such, the requested left shoulder arthroscopic subacromial decompression and distal clavicle excision is not medically necessary or appropriate.

**" Associated surgical service"-8 POST-OP PHYSICAL THERAPY SESSIONS: 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.