

<b>Case Number:</b>	CM13-0043136		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine 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:

The patient is a 31-year-old male who reported an injury on 12/14/2011. The mechanism of injury involved a fall. The patient is diagnosed with industrial injury to the left shoulder. The patient was seen by [REDACTED] on 09/17/2013. The patient reported persistent pain involving the left shoulder. It is noted that the patient has been previously treated with physical therapy, injections, and medications. Physical examination revealed tenderness over the subacromial bursal space and shoulder girdle musculature, positive Neer's and Hawkins testing, and painful range of motion. Treatment recommendations included an operative arthroscopy. It is noted that the patient underwent an MR arthrogram of the left shoulder on 09/10/2013 which indicated no evidence of a rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER DIAGNOSTIC/OPERATIVE ARTHROSCOPIC DEBRIDEMENT WITH ACROMIOPLASTY RESECTION OF CORACOACROMIAL LIGAMENT AND BURSA AS INDICATED, POSSIBLE DISTAL CLAVICLE RESECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-210.

**Decision rationale:** ACOEM Guidelines state referral for surgical consultations may be indicated for patients who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the patient has completed an extensive course of conservative treatment. The patient's physical examination does reveal tenderness to palpation with positive impingement testing. However, the patient's MR arthrogram did not indicate evidence of a lesion. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

**PREOPERATIVE MEDICAL CLEARANCE:** 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

**ASSISTANT SURGEON:** 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

**12 SESSIONS OF POST-OPERATIVE 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.