

<b>Case Number:</b>	CM13-0043194		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/08/2013
<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 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:

52 year old male with industrial injury 10/11/12. Exam note 8/5/13 demonstrates pain in shoulder despite prior injection. Objective findings demonstrate tenderness over left AC (Acromio Clavicular) joint, positive Neer impingement, Hawkins sign. MRI left shoulder 5/2/13 demonstrate intact rotator cuff with mild supraspinatus tendinopathy, Type II slap tear, mild bicipital tenosynovitis. Report of 1 month trial of physical therapy completed for shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER ARTHROSCOPY, ACROMIOPLASTY, DISTAL CLAVICLE EXCISION AND DEBRIDEMENT, AND POSSIBLE SLAP(SUPERIOR LABRAL ANTERIOR-POSTERIOR ) REPAIR VERSUS BICEPS TENODESIS.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines, Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER

**Decision rationale:** CA MTUS/ACOEM is not specific for the above request therefore the ODG was utilized. ODG recommends at least 6 weeks of conservative management for partial

claviclectomy and SLAP tears. ODG recommends 3 months of conservative management for acromioplasty and biceps tenodesis clinical scenarios. As the claimant has not satisfied these requirements, the request for left shoulder arthroscopy, acromioplasty, distal clavicle excision and debridement, and possible slap(superior labral anterior-posterior ) repair versus biceps tenodesis. are not medically necessary and appropriate.

**EIGHT (8) POST-OPERATIVE PHYSICAL THERAPY VISITS.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic)

**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.