

<b>Case Number:</b>	CM13-0045288		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/18/2010
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Pennsylvania. 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 claimant is a 46-year-old female who reported that she injured her left shoulder lifting at work on 2/18/10. She later claimed right shoulder discomfort as a compensatory phenomenon for her left upper extremity symptoms. She underwent MRI studies of both shoulders which revealed increased signal in the rotator cuff but no rotator cuff tear in the left shoulder. The right shoulder was felt to have evidence of calcific tendinitis. The claimant was diagnosed with bilateral shoulder impingement. She has also voiced numerous other complaints. The records suggested that her shoulder pain was treated with medication and injections. However, the nature of the injections--including the location and timing of such injections--was not delineated. The claimant underwent prior acupuncture, and therapy at one point was recommended. It is not clear if physical therapy was undertaken, and the extent of therapy that has been received is unknown. The records indicated that an arthroscopic subacromial decompression has been requested for both shoulders. According to the records it appeared that the left shoulder was already treated with an arthroscopic subacromial decompression and distal clavicle coplaning on 10/30/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral shoulder arthroscopic subacromial decompression and debridement (left first and then right): 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): 211.

**Decision rationale:** Based upon the ACOEM Guidelines, it is difficult to support the surgical procedures for either the left or the right shoulder based on the information reviewed. The claimant has a variety of complaints, and there is a paucity of office notes documenting exam findings of impingement. The nature of previous conservative care is unknown. In general, treatment of shoulder impingement would require documentation of specific subjective symptoms as well as objective findings on examination that correlate with the diagnosis. This would typically then correlate with radiographic findings. ACOEM Guidelines require at least 3-6 months of conservative care before surgery for the diagnosis of shoulder impingement. This conservative treatment for shoulder impingement would generally include anti-inflammatory medication, subacromial corticosteroid injection, and physical therapy. It is unknown from the records reviewed if the claimant has truly received sufficient conservative care to correspond with the requirements by guidelines. For these reasons, there is insufficient information to justify the requested surgical procedures based on the information reviewed.