

<b>Case Number:</b>	CM13-0046919		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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 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:

This is a 52-year-old female injured in a work-related accident on 1/21/09. The clinical records specific to the claimant's right shoulder included an orthopedic follow up dated 9/4/13 noting complaints of pain about the right shoulder. Objectively, there was tenderness to palpation over the rotator cuff musculature with limited range of motion and positive Neer's impingement testing. Arthroscopy for a diagnosis of rotator cuff syndrome was recommended for further treatment. It was well-documented that previous care included physical therapy, medication management, and three prior corticosteroid injections providing only temporary relief. A right shoulder MRI report dated 5/27/10 showed tendonosis of the supraspinatus with no overt tearing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Acromioplasty:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on California ACOEM Guidelines, right shoulder acromioplasty would appear medically necessary. The clinical records indicate that greater than six months of

conservative care for a claimant that has received multiple prior corticosteroid injections and has an MRI scan demonstrating inflammatory changes to the rotator cuff. The role of operative intervention in the form of decompression would appear to be medically necessary given the claimant's current clinical presentation, response to conservative care, and diagnostic imaging.