

<b>Case Number:</b>	CM13-0049031		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 41-year-old male who injured his right shoulder on 08/20/13 while carrying a case of frozen beef weighing between 100 and 180 pounds with a coworker. Post-injury MRI documented acromioclavicular joint osteoarthroses, glenohumeral joint osteoarthroses and no evidence of rotator cuff tearing. The patient was diagnosed with right shoulder bursitis and acromioclavicular joint arthritis. There was no documentation of nonoperative treatment with the exception of some therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy, decompression, debridement and distal clavicle excision:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Acute & Chronic), Arthroscopic Distal Clavicle Resection, Partial Claviclectomy (Mumford Technique), and Acromioplasty.

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

**Decision rationale:** The attending physician documented that the Claimant has marked limitations in frontal flexion as well as a comorbid diagnosis of diabetes mellitus, which may raise the diagnosis of adhesive capsulitis. However, without appropriate nonoperative treatment and a clear diagnosis established in the medical records, surgery as requested cannot be supported as medically necessary based upon the records reviewed.

**Post-operative physical therapy 2 x 6 weeks:** 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.