

<b>Case Number:</b>	CM13-0052268		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	10/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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:

The injured worker is a 51-year-old male who reported an injury on 03/09/2013. The injured worker reportedly strained his left upper extremity when it became caught on a piece of equipment. The current diagnosis is sprain of other specified sites of the shoulder and upper arm. The injured worker was evaluated on 09/09/2013. The injured worker reported increasing pain in the left shoulder. Physical examination revealed 140 degree abduction with intact sensation and positive impingement testing. The treatment recommendations included surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SHOULDER ARTHROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that referral for surgical consultation 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 after exercise

programs and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker's physical examination only revealed 140 degree abduction with positive impingement testing. There were no imaging studies provided for review. There was no documentation of an exhaustion of conservative treatment. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.

**SUBACROMIAL DECOMPRESSION WITH PARTIAL ACROMIOPLASTY AND CORACOACROMIAL LIGAMENT RELEASE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that referral for surgical consultation 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 after exercise programs and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker's physical examination only revealed 140 degree abduction with positive impingement testing. There were no imaging studies provided for review. There was no documentation of an exhaustion of conservative treatment. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.