

<b>Case Number:</b>	CM13-0057634		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/16/2009
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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:

The patient is a 53-year-old female who sustained an injury to the left shoulder in a work related accident on 10/16/09. The clinical records provided for review identified an MRI report dated 12/10/12 that showed a partial thickness inner substance tear to the distal supraspinatus tendon. No other clinical findings were noted other than moderate acromioclavicular (AC) joint arthrosis that was noted to be unchanged from the "previous MRI in 2010." Documentation of a clinical assessment on 09/10/13 by [REDACTED] noted a current diagnosis of shoulder impingement with rotator cuff tearing and documented subjective complaints of pain with objective findings showing 4/5 strength to the left shoulder compared to the right with spasm. [REDACTED] recommended Lidoderm patches, surgical arthroscopy, postsurgical modalities and work restrictions. Recent treatment in regard to the claimant's shoulder was not otherwise noted.

### 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.

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

**Decision rationale:** Based on the ACOEM 2004 Guidelines, surgical arthroscopy in this case would not be indicated. The clinical records would not support the request for surgical intervention for a diagnosis of impingement based upon the lack of documentation of recent three to six months of conservative care including no recent corticosteroid procedures. The absence of the above documentation would fail to satisfy the ACOEM Guideline criteria for the proposed surgery.

**INTERNAL MEDICAL EVALUATION REGARDING SURGICAL CLEARANCE:**  
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.

**SHOULDER SLING WITH PILLOW:** 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.

**HOT/COLD UNIT:** 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.

**LIDODERM PATCHES:** 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.