

<b>Case Number:</b>	CM13-0058033		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 patient is a 48-year-old gentleman who injured his right shoulder when he fell on an outstretched arm in a work related accident on 05/09/13. Review of the records provided specific to the claimant's right shoulder included a 09/27/13 follow up assessment noting continued complaints of pain and stiffness with limited motion. Physical examination showed 70 degrees of external rotation and 60 degrees of active abduction. There were markedly positive impingement signs. Reviewed during the assessment was an MRI (magnetic resonance imaging) report of the right shoulder dated 08/06/13 that showed moderate advanced degenerative changes at the acromion abutting the rotator cuff as well as tendinosis of the distal supraspinatus tendon with no full thickness tearing indicating. There was glenohumeral joint effusion. The records indicated that the claimant had failed conservative care. Based on a diagnosis of traumatic impingement, surgical intervention was recommended for arthroscopy, subacromial decompression, partial distal clavicle excision, and glenohumeral debridement. A corticosteroid injection was also given at that time. There was no additional documentation regarding the benefit of the injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER SUBACROMIAL DECOMPRESSION/PARTIAL DISTAL CLAVICLECTOMY WITH GLENOHUMERAL DEBRIDEMENT:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Based on the California ACOEM Guidelines and supported by Official Disability Guidelines (ODG) criteria, the surgical request for right shoulder subacromial decompression with partial distal claviclectomy with glenohumeral debridement would not be indicated. While it was documented that the claimant remained symptomatic, there is no documentation to determine the claimant's functional response to the injection administered at the last clinical assessment when surgery was recommended. The ACOEM Guidelines clearly recommend that three to six months of conservative care including injection therapy would need to take place prior to proceeding with operative intervention. The absence of the above documentation would fail to support the surgical process as stated.

**12 SESSIONS OF POST OPERATIVE PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The proposed right shoulder subacromial decompression/partial distal claviclectomy w/glenohumeral debridement cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy would also not be medically necessary.