

<b>Case Number:</b>	CM13-0060149		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 claimant is a 35-year-old male who injured his left shoulder in a work related accident on July 8, 2013. The clinical records available for review include an MRI report of the left shoulder, performed on August 15, 2013, which shows an anterior superior labral tear with a down-sloping acromion and an inflammatory process of the rotator cuff. There is no indication of rotator cuff tearing or documentation of acromioclavicular joint findings. During a clinical assessment dated October 2, 2013, the claimant reported continued complaints of left shoulder pain and only temporary improvement with the shoulder injection performed on September 13, 2013. Examination showed weakness of 4/5 with rotator cuff testing, restricted range of motion in all planes and positive impingement findings. Based on the claimant's continued complaints of pain, surgical intervention was recommended in the form of subacromial decompression and acromioclavicular joint resection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A LEFT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION AND ACROMIOCLAVICULAR JOINT RESECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

**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:** While the claimant is documented to have continued complaints of pain, there is a lack of clinical correlation between the proposed surgical request and results of the imaging findings, which indicate a labral tear and show no evidence of acromioclavicular joint pathology. The requested distal clavicle excision in conjunction with subacromial decompression would not clinically correlate to the claimant's imaging and would not be supported as medically necessary at this time. The request is not medically necessary and appropriate.