

<b>Case Number:</b>	CM13-0061194		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Pennsylvania. 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 54-year-old gentleman who sustained injuries to multiple body parts including the left shoulder, left knee, left foot and right knee on 09/28/12. The medical records pertaining to the claimant's left shoulder note continued complaints of pain despite conservative care for which shoulder arthroscopy, subacromial decompression and rotator cuff repair were recommended. There is also a request for medical clearance. Clinical records provided for review fail to document any specific, underlying comorbidity or medical diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

**Decision rationale:** Based on California MTUS ACOEM Guidelines, while shoulder surgery has been recommended, the request for medical clearance in this case cannot be supported. The medical records do not identify any underlying past medical history or significant comorbidity

that would require the need for a preoperative medical consultation prior to the surgical procedure. The specific request in this case would not be supported as medically necessary.