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| <b>Case Number:</b>   | CM14-0000368 |                              |            |
| <b>Date Assigned:</b> | 01/10/2014   | <b>Date of Injury:</b>       | 04/23/2013 |
| <b>Decision Date:</b> | 04/07/2014   | <b>UR Denial Date:</b>       | 12/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/02/2014 |

### 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:

This 57-year-old male EVS technician for [REDACTED] sustained an industrial injury on 4/23/13 relative to a slip and fall while operating a floor buffer. The 4/23/13 Doctor's First Report documented an injury diagnosis of bilateral elbow strain, left knee strain, right hip contusion and right wrist strain. The 5/14/13 initial orthopedic report documented a prior left shoulder lifting injury with a current diagnosis of left acromioclavicular joint separation that was non-surgical. The 5/8/13 treating physician report documented a complaint of right shoulder soreness with a diagnosis of right shoulder strain. Right shoulder exam findings documented abduction 0-120 degrees with minimal discomfort, internal rotation to T7 with minimal right capsular soreness, negative Apley's and empty can tests, and right upper extremity strength greater than left. No treatment or diagnostic studies were ordered relative to the right shoulder. The 11/7/13 treating physician progress report documented subjective complaints of right wrist and left shoulder pain. MRI findings of a rotator cuff tear and right wrist TFCC tear were noted. The treatment plan recommended referral for a right shoulder scope and right wrist splint. There is no other documentation of a right shoulder complaint, exam findings, treatment, or imaging other than the report on 5/14/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Scope:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Diagnostic arthroscopy.

**Decision rationale:** Under consideration is a request for right shoulder scope. The California Medical Treatment Utilization Schedule guidelines do not provide recommendations for shoulder surgery in chronic injuries. The Official Disability Guidelines recommend diagnostic shoulder arthroscopy limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. There is no indication in the file that the patient is experiencing the residuals of a right shoulder strain documented only on 5/14/13. There is no evidence of acute pain, tried and failed treatment and/or functional limitations relative to the right shoulder. There is no documentation of any right shoulder imaging. Therefore, this request for right shoulder scope is not medically necessary.