

<b>Case Number:</b>	CM14-0004529		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/25/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 58 year old female with industrial injury on 10/25/08. The report is a complaint of bilateral shoulder, knee, neck and low back pain. MRI 5/3/12 demonstrates possible SLAP lesion, previous acromioclavicular plasty and glenohumeral arthrosis with suspicion of impingement. An exam note of 12/5/13 demonstrates right shoulder impingement. The patient reported to be status post right shoulder rotator cuff repair and SLAP repair. An exam demonstrates impingement and Hawkins sing positive. Equivocal Speed and O'Brien. The right shoulder strength was noted at 3/5 grade with pain in all directions. The diagnosis was of possible recurrent SLAP tear right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY WITH POSSIBLE DEBRIDEMENT, POSSIBLE ROTATOR CUFF REPAIR, POSSIBLE BICEPS TENODESIS AND POSSIBLE LABRAL REPAIR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** Per the California MTUS/ACOEM shoulder chapter, surgery for the shoulder is based upon the premise of "clear clinical and imaging evidence of a lesion shown to benefit, in both the short and long term, from surgical repair." In this case there is insufficient evidence of a clear lesion from the MRI of the shoulder on 5/3/12 to warrant the above procedure. Therefore the determination is for not medically necessary.

**1 SHOULDER IMMOBILIZER:** 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.

**GENERAL ANESTHESIA:** 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.

**PRE-OP IV LACTATED RINGER'S AT KVO:** 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.

**PRE OP ANTIBIOTICS ANCEF 2GM, IV:** 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.