

<b>Case Number:</b>	CM14-0004760		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 injured worker is a 56-year-old female who reported an injury on 02/19/2009 after she handled a 70 to 90 pound box that reportedly caused injury to her shoulder, back, and neck. The injured worker's treatment history included acupuncture, physical therapy, chiropractic care, medications, and epidural steroid injections. The injured worker was evaluated on 09/24/2013. It was documented that the injured worker had restricted range of motion of the left shoulder described as 126 degrees in abduction, 35 degrees in adduction, 126 degrees in forward flexion, 35 degrees in extension, 63 degrees in external rotation and 56 degrees in internal rotation with a positive Jobe test and positive Neer's test. The injured worker's diagnoses included low back pain radiating to the left leg, left shoulder pain, neck pain, and left wrist and hand pain radiating to the fingers. Surgical intervention to the left shoulder was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SHOULDER ARTHROSCOPY WITH CAPSULAR RELEASE, MUA & SUBACROMIAL DECOMPRESSION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 9 (SHOULDER COMPLAINTS), 212-214, 271-273

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, (2004), CHAPTER 9, 211

**Decision rationale:** The requested left shoulder arthroscopy with capsular release, manipulation under anesthesia, and subacromial decompression are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention of the shoulder when there are physical findings of significant functional deficits supported by an imaging study that have failed to respond to conservative treatments. The clinical documentation does indicate that the injured worker has failed to respond to physical therapy. The documentation fails to provide any evidence that the injured worker has failed to respond to corticosteroid injections or is participating in a home exercise program. Additionally, the clinical documentation submitted for review does indicate that the injured worker has undergone a left shoulder MRI. However, an independent report of that MRI was not provided for review. Therefore, the appropriateness of surgical intervention cannot be determined. As such, the requested left shoulder arthroscopy with capsular release, manipulation under anesthesia is not medically necessary or appropriate.