

<b>Case Number:</b>	CM14-0004843		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/10/2013
<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:

This is a 39-year-old female with industrial injury dated 7/14/11. The diagnoses are listed as: right shoulder impingement, myalgia and myositis. The exam note dated 11/2/13, demonstrates right shoulder pain. An exam demonstrates tenderness over right shoulder graded as 4/5 strength in suprascapular, external rotation and deltoids. Report of positive impingement arc. The results of an MRI dated 7/27/11, reveals supraspinatus tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT RIGHT SHOULDER ARTHROSCOPY WITH SAD AND MUMFORD PROCEDURE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT IN WORKER'S COMP 18TH EDITION, 2013 UPDATES, SHOULDER CHAPTER - SURGERY FOR IMPINGEMENT SYNDROME, PARTIAL CLAVICULECTOMY.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER CHAPTER, ACROMIOPLASTY.

**Decision rationale:** According to the ACOEM guidelines, there must be activity limitation for more than four (4) months plus existence of a surgical lesion. In addition, the Official Disability Guidelines recommends three-to-six (3-6) months of attempted conservative care. In this case, there is no evidence of failure of three-to-six (3-6) months in the cited records of conservative care being performed. Therefore, the determination is for non-certification.