

<b>Case Number:</b>	CM14-0005144		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 42-year-old who reported an injury on April 17, 2012 after being struck by a car. The injured worker reportedly sustained an injury to her right shoulder and right elbow. The injured worker's treatment history included physical therapy, medications, and a corticosteroid injection. The injured worker was evaluated on October 1, 2013. Physical findings included a positive impingement sign to the right shoulder with tenderness to palpation over the acromioclavicular joint and greater tuberosity. The injured worker had positive diagnostic response to a corticosteroid injection in the subacromial space. The injured worker's diagnoses included right shoulder rotator cuff tendinitis, right lateral elbow pain, status post right carpal tunnel release, and right dorsal wrist pain. The injured worker's treatment plan included referral to a specialist who performs arthroscopic subacromial decompression and continued use of medications. The injured worker was evaluated on December 30, 2013. Physical findings included a positive impingement sign, increased arc of pain, a positive shrug sign, and tenderness to the greater tuberosity with decreased motor strength of the supraspinatus and acromioclavicular joint tenderness. The injured worker's treatment recommendations included a right shoulder arthroscopy with subacromial decompression and excision of the distal clavicle. The injured worker underwent an MRI on March 22, 2013 that documented a type 2 acromion impingement with mild supraspinatus, infraspinatus, and subscapularis tendinosis. It was documented that there was mild bursal-sided fraying of the distal supraspinatus tendons involving less than 25% of the total tendon thickness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION & EXCISION DISTAL CLAVICLE: Upheld**

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

**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 Shoulder Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines recommends surgical intervention for impingement syndrome when the injured worker has failed to respond to conservative treatments and has clinical physical findings of impingement syndrome supported by an imaging study. The clinical documentation submitted for review does indicate that the injured worker has clinical symptoms of impingement syndrome. The clinical documentation indicates that the injured worker has a positive impingement sign, pain with range of motion, and tenderness to the acromioclavicular joint. Additionally, an imaging study was provided to support these clinical findings. The clinical documentation included that the injured worker had failed to respond to multiple sessions of physical therapy and three subacromial corticosteroid injections which failed to provide lasting benefit. The injured worker has persistent symptoms despite of conservative treatments and physical findings supported by an imaging study of a lesion that would benefit from surgical intervention. Therefore, requested surgery would be appropriate. The request for right shoulder arthroscopy with subacromial decompression & excision distal clavicle is medically necessary or appropriate.