

<b>Case Number:</b>	CM14-0007100		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	04/13/2009
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 claimant is a 55-year-old gentleman who sustained injuries to his neck and upper extremities in work related accident on April 13, 2009. The medical records provided for review pertaining to the claimant right shoulder include a December 18, 2013 progress report noting ongoing complaints of right shoulder difficulties. The examination showed 5-/5 weakness with supraspinatus testing, restricted range of motion at end points, and tenderness over the anterior acromion and distal clavicle. There was positive impingement with both Neer and Hawkin's testing. The May 29, 2010 MRI report identified hypertrophic changes and impingement of the acromioclavicular joint with supraspinatus tendinosis and labral degenerative changes. The diagnosis was shoulder impingement, subacromial osteoarthritis, and rotator cuff tear. The recommendation was made for shoulder arthroscopy, distal clavicle excision, rotator cuff repair with subacromial decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SHOULDER ARTHROSCOPY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 9: SHOULDER COMPLAINTS,

**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), 9, 210-211

**Decision rationale:** Based on California ACOEM Guidelines, shoulder arthroscopy and as requested by the treating physician to include subacromial decompression, distal clavicle excision, and rotator cuff repair would not be indicated. The documentation indicates that this claimant's injury is 3 ½ years old but there is no documentation of recent treatment including physical therapy or injections. In light of the fact there is a lack of documentation of recent conservative measures and the imaging findings are from 2010, the proposed surgery for right shoulder arthroscopy cannot be recommended as medically necessary.