

<b>Case Number:</b>	CM14-0007202		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	05/05/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 claimant is a 59-year-old female who was injured on 5/5/12. The medical records provided for review document current complaints of the left shoulder. The 1/10/14 progress report documented complaints of right shoulder pain, subjectively at 7/10 on a self limiting pain scale, described as constant in nature. Objective findings of the left shoulder included 170 degrees of forward flexion, 60 degrees of passive external rotation, 5-/5 shoulder elevation strength, negative Speed's testing, and positive Hawkins testing. Working assessment was acromioclavicular and glenohumeral degenerative change, shoulder impingement, and rotator cuff tendinopathy. The records document a history of prior right shoulder surgery, but there is no documentation of previous left shoulder surgery. Conservative care has included physical therapy and an injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SHOULDER SURGERY INCLUDING MANIPULATION UNDER ANESTHESIA:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The medical records provided for this review do not contain any imaging reports to confirm nor refute a working diagnosis that would be known to benefit from a surgical process. Furthermore, there would be no current indication for a manipulation under anesthesia as the claimant's recent clinical assessment demonstrated range of motion to 170 degrees of forward flexion. The lack of recent imaging reports and the claimant's recent physical examination findings would fail to support the role of the above mentioned procedure. As such, the request is not medically necessary.