

<b>Case Number:</b>	CM14-0007759		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### **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 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:

This is a 53-year-old female injured worker who suffered cumulative trauma from February of 2007 through 08/14/08 while working as an essential service technician. The medical records provided for review include the 12/11/13 office note documenting the injured worker's complaints of left moderate to severe shoulder pain that radiates into the left arm. Physical examination showed palpable tenderness about the left shoulder with decreased range of motion and a positive Codman's and Speed's test. X-rays of the left shoulder from 08/01/13 showed no abnormalities. The report of the MR arthrogram of the left shoulder showed no evidence of occult rotator cuff tear or glenoid labral pathology. Documentation suggests that the injured worker also had an MRI of the left shoulder; however, that study and report is not available for review. electromyography (EMG)/nerve conduction studies (NCS) performed on 01/11/13 showed entrapment of the median nerves at both wrists with mild slowing of nerve conduction velocity consistent with carpal tunnel syndrome. There was no electrophysiological evidence to support entrapment neuropathy of the ulnar or radial nerves. There was no electrophysiological evidence to suggest distal peripheral neuropathy or motor radiculopathy in the upper extremities. Conservative care to date includes acupuncture, physical therapy, and anti-inflammatories. The current request is for a left shoulder arthroscopic surgery, evaluation and treatment, and surgeon consult.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LEFT SHOULDER ARTHROSCOPIC SURGERY, EVALUATION AND TREATMENT,  
SURGEON CONSULT: 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): 209-210. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examination and Consultations, page 127.

**Decision rationale:** ACOEM Guidelines do not support the requested left shoulder surgery and medical consultation. The medical records suggest that the injured worker is already under the care of an orthopedic surgeon. The diagnostic studies including the MRI, MRA, and plain radiographs, fail to confirm pathology in the left shoulder which may be amenable by surgical intervention. Documentation suggests that there has been no recent continuous conservative treatment in the form of physical therapy, anti-inflammatories, or injection therapy which certainly would be recommended prior to considering and proceeding with surgical intervention. Therefore, based on the documentation presented for review and in accordance with guidelines, the request is not medically necessary.