

<b>Case Number:</b>	CM14-0105132		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/12/2004
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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 patient is a 57 year old female who was injured on 04/12/2004. The mechanism of injury is unknown. MRI of the right shoulder dated 05/06/2014 revealed mild to moderate acromioclavicular joint degenerative changes are noted, increasing the risk for impingement; subacromial/subdeltoid bursal fluid collections are seen, increasing the risk for impingement; there is subtle abnormal increased signal intensity in the superior and anterior labra, query SLAP lesion; and biceps tendon and biceps tendon attachment to the supraglenoid tubercle are unremarkable. Ortho note dated 06/04/2014 states the patient presented with pain in the right shoulder with the inability to raise her arm up. On exam, range of motion is decreased on the right with flexion at 70 degrees active and 90 degrees passive; active abduction at 70 degrees and passive abduction at 90 degrees; external rotation at 20 degrees and internal rotation at 40 degrees. The patient is diagnosed with impingement syndrome, right shoulder, with acromioclavicular joint arthrosis. The patient was recommended for an arthroscopic subacromial decompression with Mumford procedure. Prior utilization review dated 06/25/2014 states the request for Arthroscopic surgery, right shoulder is not certified as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic surgery, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-219.

**Decision rationale:** The CA MTUS/ACOEM recommends arthroscopic decompression for individuals that have not responded to conservative care including corticosteroid injections. The ACOEM further goes on to note that conservative care should be carried on for 3-6 months prior to considering operative intervention. Based on the clinical progress notes provided, the request does not appear to meet the guidelines. Specifically, the conservative treatment that the clinician documented was a single corticosteroid injection and medications. There is no documentation that non-invasive treatment including appropriate trial of physical therapy has been attempted. As such, the request is considered not medically necessary based on guidelines and lack of documentation.