

<b>Case Number:</b>	CM14-0015969		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/18/2010
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 40 year old gentleman injured in a work related accident 02/18/10. Clinical records provided for review document that following a course of conservative care, surgical arthroscopy, labral debridement, subacromial decompression took place on 02/19/13. Post operatively the claimant was treated with physical therapy, medication management and activity modifications but continued to experience ongoing complaints of pain. The report of a post operative MRI on 01/02/14 showed infraspinatus tendinosis and post surgical changes to the acromion. The follow up report of 01/08/14 documented that the claimant's acromioclavicular joint was injected with corticosteroid. Follow up on 01/22/14 indicated mild benefit after the injection and documented continued restricted motion of the shoulder and tenderness over the acromioclavicular joint. Recommendation at that time was for shoulder surgery for distal clavicle resection and revision subacromial decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-27.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure.

**Decision rationale:** Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines and supported by the Official Disability Guidelines, the request for left shoulder surgery in this case would be indicated. While the request is for left shoulder arthroscopy the specific request would include a distal clavicle excision which was not performed at the time of the claimant's initial procedure. Since time of the initial surgery, the claimant has undergone six months of conservative care including corticosteroid injection of the acromioclavicular joint and continues to be symptomatic. There is positive imaging studies demonstrating degenerative change, therefore, the role of operative intervention to include arthroscopy would be supported as medically necessary.