

<b>Case Number:</b>	CM14-0016848		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/10/2003
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 patient is a 58-year-old female who has submitted a claim for cervical degenerative disc disease associated with an industrial injury date of September 10, 2003. Medical records from 2007-2013 were reviewed. Recent clinical records provide little information. The patient complained of neck pain radiating to both shoulders. Physical examination showed decreased range of motion of the cervical spine. A previous utilization review dated January 19, 2014 stated that there was moderate tenderness of the cervical and thoracic paraspinal musculature. An MRI of the left shoulder, dated May 24, 2007, revealed slight to mild degenerative change involving the acromioclavicular joint, supraspinatus muscle showing slight atrophy, and diffuse thickening of supraspinatus tendon with increased signal consistent with tendinosis. An MRI of the right shoulder, showed mild diffuse thickening and increased signal in the supraspinatus tendon consistent with tendinosis, and acromioclavicular joint showed slight degenerative change. Treatment to date has included medications, physical therapy, chiropractic therapy, OrthoStim3, home exercise program, and activity modification. Utilization review, dated January 29, 2014, denied the request for outpatient staged bilateral shoulder arthroscopy because there was no MRI of the shoulders, no significant physical examination findings, and no indication of conservative treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT: STAGED BILATERAL SHOULDER ARTHROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for impingement syndrome.

**Decision rationale:** Guidelines support surgical intervention for patients who have: (1) red flag conditions; (2) activity limitation for more than four months, plus existence of a surgical lesion; (3) failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; and (4) clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. In this case, the patient complained of neck pain radiating to both shoulders. Recent pertinent subjective and objective findings were lacking from the medical records submitted. There was also no evidence of an attempt to increase range of motion and strength around the shoulder through exercise programs. Furthermore, there was no documentation of any conservative treatment. Moreover, the MRI of both shoulders does not show evidence of a significant lesion. The criteria have not been met. As such, the request is not medically necessary.