

<b>Case Number:</b>	CM14-0017466		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/30/2014
<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 claimant is a 32-year-old female who was injured in a work related accident on September 12, 2013 injuring her left shoulder while trying to remove a box from an overhead shelf. December 19, 2013 progress report described continued complaints of pain with examination showing restricted range of motion with flexion and abduction, internal and external rotation of the right shoulder with palpable trapezial tenderness, weakness at 4/5 with supra and infraspinatus testing, positive Neer and Hawkins assessment. Reviewed was an MRI report of the right shoulder dated October 21, 2013 showing an intrasubstance tear to the supraspinatus with no full thickness findings. There was mild long head bicipital tenosynovitis. For a diagnosis of right shoulder rotator cuff syndrome and impingement, surgical arthroscopy was recommended. The claimant declined a corticosteroid injection and wished to proceed with surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**Decision rationale:** Based on California ACOEM Guidelines, the role of surgical process for this individual with partial thickness rotator cuff tear and diagnosis of impingement would not be supported. In the setting of impingement, surgical process is reserved for individuals who have failed three to six months of conservative care including injection therapy. This individual declined an injection with no indication of contraindication to its use.