

<b>Case Number:</b>	CM14-0017878		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 38-year-old gentleman who was injured on November 11, 2013 sustaining a left shoulder injury. Records for review include an MR arthrogram of the left shoulder from December 4, 2013 showing tendinosis to the supraspinatus and infraspinatus with no full thickness tearing with focal splitting of the long head of the biceps with no labral pathology. Recent follow up of January 28, 2014 indicated continued complaints of pain about the left shoulder aggravated with overhead activities. It stated recent subacromial injection provided no sustained relief. Physical examination showed positive impingement, pain about the bicipital groove and tenderness. Assessment was that of chronic impingement syndrome. A shoulder arthroscopy with subacromial decompression was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION:**  
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): 211.

**Decision rationale:** At time of surgical request, the claimant was two months from time of injury. Guidelines indicate the need for three to six months of conservative care before proceeding with procedure for impingement. The lack of three to six months of conservative care would fail to necessitate surgical process at this time. Based on California ACOEM Guidelines, left shoulder arthroscopy with subacromial decompression would not be supported.