

<b>Case Number:</b>	CM14-0019555		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 Orthopaedic 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:

This 42-year-old female sustained an industrial injury on 7/28/11 picking up boxes. She has a history of multiple complaints involving the neck, shoulders, arms, carpal tunnel syndrome, and low back. The 11/13/11 right shoulder MRI showed subacromial and subscapularis groove bursitis, supraspinatus tendinitis, and acromioclavicular arthrosis with impingement. The 5/20/13 upper extremity electrodiagnostic studies were within normal limits. The 12/17/13 treating physician report cited subjective complaints of neck, mid-back, low back, bilateral arm, and bilateral shoulder pain. Objective findings documented right shoulder range of motion with moderate loss of abduction and adduction and mild loss of all other motions. Left shoulder range of motion was essentially the same. Positive right shoulder impingement signs were documented. There was tenderness bilaterally over the greater tuberosity and anterior glenoid, left greater than right. The diagnosis was bilateral rotator cuff sprain/strain, right shoulder impingement syndrome, bilateral ulnar nerve entrapment, bilateral carpal tunnel syndrome, and status post right carpal tunnel release. The treatment plan recommended continued medications (opioids, NSAIDs), physiotherapy for the right wrist, and right shoulder diagnostic arthroscopy examination. The 1/20/14 utilization review recommended non-certification of the request for diagnostic shoulder arthroscopy based on the absence of documented conservative treatment for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAGNOSTIC ARTHROSCOPY RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Diagnostic arthroscopy.

**Decision rationale:** Under consideration is a request for diagnostic arthroscopy, right shoulder. The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations for shoulder surgery in chronic injuries. The Official Disability Guidelines recommend diagnostic arthroscopy for the shoulder, limited to cases where imaging is inconclusive, and acute pain or functional limitation persists despite conservative care. Guideline criteria have not been met. There is no evidence that imaging is inconclusive. There is no specific pain or functional assessment documented. There is no documentation that recent comprehensive pharmacologic and non-pharmacologic conservative non-operative treatment to the right shoulder has been tried and failed. Therefore, this request for diagnostic arthroscopy, right shoulder, is not medically necessary.