

<b>Case Number:</b>	CM14-0111609		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 66-year-old female with a 6/2/09 date of injury. At the time (7/9/14) of request for authorization for Arthroscopy removal of foreign body, Post-Operative Physical Therapy x 12 visits, and sling, there is documentation of subjective (nonspecified) and objective (non-pecified) findings, current diagnosis (ganglion cyst of right shoulder), and treatment to date (surgery (including right shoulder ganglion cyst aspiration and arthroscopic surgical repair of the right shoulder)). Regarding Arthroscopy removal of foreign body, there is no documentation of clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy removal of foreign body:** Upheld

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

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

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.); activity limitation for more than four months; failure to increase range of motion and

strength of the musculature around the shoulder even after exercise programs; and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair, as criteria necessary to support the medical necessity of shoulder surgery. Within the medical information available for review, there is documentation of a diagnosis of ganglion cyst of the right shoulder. However, there is no documentation of clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Therefore, based on guidelines and a review of the evidence, the request for Arthroscopy removal of foreign body is not medically necessary.

**S/P Physical Therapy x 12 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.