

<b>Case Number:</b>	CM14-0112294		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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:

This 48-year-old female housekeeper sustained an industrial injury on 3/11/13, relative to a slip and fall. The 2/10/14 left shoulder x-rays documented no acute bony abnormality and minimal degenerative changes of the lateral clavicle. The 2/26/14 left shoulder MRI impression documented slight effusion in the shoulder joint and bursa. Findings were suspicious for supraspinatus tendinosis, a rotator cuff tear was not demonstrated. There were small subchondral cysts situated laterally within the humeral head, very likely on a degenerative basis. Otherwise, the MRI was reported normal. The 3/5/14 bilateral upper extremity EMG/NCV study revealed evidence of severe bilateral carpal tunnel syndrome. Records indicated that the patient had been provided chiropractic, physical therapy, and acupuncture treatment, although body parts were not specified. The 6/9/14 treating physician report cited chronic neck, low back, left shoulder, left knee and left ankle pain. Left shoulder physical exam findings documented pain with elevation of the left upper extremity against gravity at approximately 95 degrees with positive impingement test. The treatment plan requested authorization for left shoulder arthroscopy with subacromial decompression. The 7/8/14 utilization review denied the request for left shoulder arthroscopy with subacromial decompression as guideline criteria had not been met.

### 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:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Updated 4/25/14).

**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, Acromioplasty.

**Decision rationale:** The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines for acromioplasty require 3 to 6 months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive conservative treatment specifically for the left shoulder, including steroid injections, had been tried and failed. There is no documentation of current strength or positive diagnostic injection test. There is no imaging documentation suggestive of impingement. Therefore, this request for left shoulder arthroscopy with subacromial decompression is not medically necessary.