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| <b>Case Number:</b>   | CM14-0116340 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 10/01/2013 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 07/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/23/2014 |

### 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 New York. 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:

Patient has a date of injury of October 1, 2013. The patient is a 40-year-old female. She has a diagnosis of shoulder impingement syndrome. MRI the shoulder shows mild supraspinatus tendinitis and mild a.c. joint degenerative changes. Patient has chronic effusion shoulder pain. Physical examination shows positive Neer's test and limited range of shoulder motion. The patient has been treated with ice, heat and medications including Tramadol, physical therapy and subacromial cortisone injection. At issue is whether shoulder surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Shoulder Arthroscopic Subacromial Decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines/ Diagnostic Arthroscopy: (Washington, 2002) (de Jager, 2004) (Kaplan, 2004) Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** This patient does not meet establish criteria for subacromial decompressive surgery. The patient had a cortisone injection into the right shoulder in April 2014 which did not provide any relief at all. In addition, the shoulder MRI does not report impingement or

impingement anatomy. Physical examination does not clearly document impingement symptoms. The rotator cuff on the MRI only shows mild supraspinatus tendinitis. There is also mild a.c. joint DJD. The medical records do not document the patient had an adequate trial and failure of recent conservative measures to include adequate physical therapy. A diagnosis of impingement syndrome is not clearly met. Criteria for impingement syndrome surgery not met.