

<b>Case Number:</b>	CM14-0131066		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in South Carolina and Tennessee. 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 injured worker is a 53-year-old male who reported an injury on 06/11/2011. The mechanism of injury was not provided. The injured worker's diagnoses included left shoulder joint effusion, left shoulder muscle spasm, and left shoulder internal derangement. The injured worker's past treatments included medications, physical therapy, and surgery. The injured worker's diagnostic testing included an official MRI of right shoulder with arthrogram performed on 07/22/2013. The MRI revealed type 1 acromion, AC joint osteoarthritis and capsulitis; SLAP type 8 lesion of the superior and posterior glenoid labral segments; supraspinatus partial tendon tear; and infraspinatus partial tendon tear. The injured worker's surgical history was not pertinent to the request. In the clinical note dated 07/23/2014, the injured worker complained of increased neck pain with discomfort for the past 10 days, with difficulty sleeping, increased severe headaches, and nausea related to the headaches. The injured worker had decreased and painful cervical range of motion, plus tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii, muscle spasms of the cervical paravertebral muscles and bilateral trapezii, shoulder depression causes pain with sharp shocking like pain of the ipsilateral trapezius and shoulder. The injured worker's medications were not provided. The request was for left shoulder arthroscopy. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy:** 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 (ODG), Shoulder Chapter Surgery, Impingement Syndrome

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

**Decision rationale:** The request for left shoulder arthroscopy is not medically necessary. The injured worker is diagnosed with left shoulder joint effusion, left shoulder muscle spasm, and left shoulder internal derangement. The Official Disability Guidelines (ODG) recommends surgery for SLAP lesions after 3 months of conservative treatment. Notation of history, physical examinations and imaging must indicate pathology. The patient's official MRI, performed on 07/22/2013, indicated SLAP type lesion of the superior and posterior glenoid labral segments. However, there is a lack of documentation indicating physical therapy or medications for the shoulder. Additionally, there is a lack of documentation indicating pathology upon physical examination. The request does not indicate what type of arthroscopy surgery is being requested for the left shoulder. As such, the request for left shoulder arthroscopy is not medically necessary.