

<b>Case Number:</b>	CM14-0155258		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/03/1999
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas & Georgia. 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 59-year-old male who reported an injury on 05/03/1999. The mechanism of injury is not provided. On 03/02/2014, the injured worker had an evaluation of the right shoulder. The diagnosis was coracoid impingement. Current medications included Naprosyn and Flexeril. On 08/29/2014, the injured worker presented with significant right shoulder pain and was noted to have tenderness over the coracoid. There was a positive Hawkins. The provider recommended right shoulder coracoplasty. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Coracoplasty:** Upheld

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

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

**Decision rationale:** According to California MTUS/ACOEM Guidelines, injured workers should be considered for surgical procedures if there is documentation of activity limitation for more than 4 months and existence of a surgical lesion. Furthermore, there must be red flags and

conditions that have been documented in the current clinical notes. A complete and adequate physical examination was not provided to show objective functional deficits of the injured worker. There were no limitations that needed to be addressed or diagnostic imaging studies provided for review to corroborate with examination findings. Additionally, the documentation failed to support that the coracoid is the source of the injured worker's impingement pain. As such, medical necessity has not been established.