

<b>Case Number:</b>	CM14-0176532		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	07/12/2006
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2014

### 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, has a subspecialty in Orthopedic Spine 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:

The patient is a 64 female with a date of injury of July 12, 2006. She has had right elbow surgery in 2007 and right carpal tunnel surgery in 2010. MRI the cervical spine shows degenerative changes at multiple levels. The patient is diagnosed with a right shoulder strain. The patient's also diagnosed with impingement syndrome of the right shoulder and has had open subacromial decompression with acromioplasty in May 2010. The patient is healed from surgery but still has shoulder pain. The patient has degenerative arthritis of the a.c. joint of the right shoulder. The patient continues to have shoulder pain. MRI of the shoulder in 2013 show glenohumeral arthritis and a.c. joint arthritis. Is partial tear of the rotator cuff tendon. 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 arthroscopy with subacromial decompression and distal clavicle resection:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS shoulder pain chapter

**Decision rationale:** This patient does not meet establish criteria for shoulder surgery at this time. The patient has not had significant conservative measures recently for right shoulder pain. There is no documentation of cortisone injections to the right shoulder and the results. It is unclear whether the patient is a candidate for additional shoulder surgery. Physical exam does not show complete rotator cuff tear with significant findings that would warrant operative intervention at this time. More conservative measures are medically necessary at this time to include physical therapy.

**Physical therapy for the right shoulder, 24 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

**Cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

**POst-operative cushion sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.