

<b>Case Number:</b>	CM14-0028890		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/12/2006
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Orthopaedic 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 62-year-old male sustained an industrial injury on 4/21/06. The mechanism of injury is not documented. He underwent left shoulder arthroscopic decompression and debridement in 2005, and left shoulder arthroscopic labral and supraspinatus debridement and chondroplasty on 11/22/13. Past medical history was positive for a right shoulder rotator cuff surgery in 2006. The 9/17/13 right shoulder MRI documented mild to moderate rotator cuff tendinosis, and mild biceps tenosynovitis. Findings were consistent with a chronic SLAP tear versus post-surgical changes/debridement, and subacromial decompression with clavicular resection/Mumford procedures and acromioplasty. There was no evidence of rotator cuff or acute labral tear. The biceps tendon and anteroinferior and posteroinferior labrum were intact. The 1/15/14 treating physician progress report cited grade 3-7/10 right shoulder pain, aggravated by bending, reaching up and out, grasping, lifting, and repetitive movement. Numbness and tingling were reported in both hands, especially the fingers. Right shoulder physical exam findings documented moderate tenderness over the acromion, supraspinatus and cervical spine. Right shoulder range of motion included abduction 90 degrees, flexion 70 degrees, internal rotation 50 degrees, and external rotation 30 degrees. The patient was unable to compensate for the increased right shoulder symptoms due to the recent left shoulder surgery. The treatment plan recommended right shoulder evaluation and treatment to include possible surgical procedure. The 1/31/14 utilization review denied the request for right shoulder assessment for possible surgery procedure based on the absence of an imaging study, confirming evidence of a surgical lesion and failure of conservative treatment for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ASSESSMENT POSSIBLE SURGERY PROCEDURE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211,214,204,210.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Diagnostic arthroscopy.

**Decision rationale:** Under consideration is a request for right shoulder assessment, possible surgery procedure. The California MTUS state that surgical consultation is indicated for patients who have red flag conditions, activity limitations for more than four months plus existence of a surgical lesion, failure to increase range of motion and strength even after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical repair. The Official Disability Guidelines state that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment directed to the right shoulder had been tried and failed. There is no clear clinical or imaging evidence of a surgical lesion. Therefore, this request for right shoulder assessment, possible surgery procedure is not medically necessary.