

<b>Case Number:</b>	CM14-0031540		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/02/2008
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 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:

The patient is a 49-year-old gentleman who sustained an injury to his right shoulder and right knee on 7/2/08. The medical records provided for review included a 1/7/14 progress report noting orthopedic complaints of left knee pain. Objective findings on examination showed palpable tenderness and full range of motion for the diagnosis of internal derangement. The recommendation was made to continue to treat with topical compounds and activity restrictions. The previous assessment dated 12/3/13 provided a diagnosis of right shoulder impingement and bilateral knee internal derangement noting failed conservative care. On that date, examination showed acromioclavicular tenderness, full range of motion of the shoulder, and a knee examination of "restricted" range of motion due to pain. The recommendation was made for "right shoulder and right knee surgery" but the specific procedures were not described. The medical records did not contain any imaging reports or description of prior conservative care for the shoulder or the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder surgery:** 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 Procedure.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 211.

**Decision rationale:** Based on the California MTUS/ACOEM Guidelines, right shoulder surgery would not be indicated. In this case, the specific surgical procedure has not been defined. There is also no documentation of clinical findings or imaging reports to support the need for surgery. The unspecified surgical request based on the claimant's clinical presentation would not be supported. Therefore, the request for right shoulder surgery is not medically necessary and appropriate.

**Right knee surgery:** 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), Knee and Leg Procedure.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 344-45.

**Decision rationale:** California MTUS/ACOEM Guidelines would not support the request for right knee surgery. Based on the medical records provided for review, there is no clinical imaging, physical examination, or documentation of prior treatment that would support the need for surgery. In addition, the specific surgical procedure has not been identified. Therefore, the request for right knee surgery is not medically necessary and appropriate.