

<b>Case Number:</b>	CM14-0042250		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 injured worker is a 33-year-old female who reported an injury on 01/03/2013. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to their left shoulder and left elbow. The injured worker was evaluated on 02/28/2014. It was noted that the injured worker complained of 6/10 left elbow pain and 6/10 bilateral shoulder pain. The injured worker's pain was treated with medications. The injured worker's diagnoses included left cubital tunnel syndrome, left shoulder impingement, bilateral carpal tunnel syndrome, mild subacromial bursitis and status post left cubital tunnel release. A request was made for a left shoulder arthroscopy and acromioplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left shoulder arthroscopy and acromioplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 2- Summary of Recommendations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical intervention for the shoulder when there are clear physical findings of a

lesion supported by an imaging study that would benefit in both the long and short-term from surgical intervention and has failed to respond to conservative treatments. The clinical documentation submitted for review does not provide any evidence that the patient has undergone any type of conservative treatment for the left shoulder. Therefore, a surgical intervention would not be indicated. Additionally, the clinical documentation does not provide any physical functional deficits that would require a surgical intervention. Furthermore, an MRI is not provided for review. Therefore, pathology that requires a surgical intervention is not identified. As such, the requested outpatient left shoulder arthroscopy and acromioplasty are not medically necessary or appropriate.