

<b>Case Number:</b>	CM14-0047820		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 and is licensed to practice in Texas. 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 46-year-old female who reported an injury on 01/31/2003. The mechanism of injury was not stated. The injured worker reportedly sustained an injury to her neck, upper back, right shoulder, and right elbow. The injured worker's treatment history included physical therapy, medications, and chiropractic care. The injured worker was evaluated on 02/27/2014. It was documented that she had persistent neck and shoulder pain. Objective physical findings included tenderness along the cervical paraspinal musculature and cervical facets. The injured worker had restricted range of motion of 90 degrees in abduction secondary to pain and mild tenderness along the posterior capsule, with a positive Hawkins's and impingement sign. The injured worker's diagnoses included chronic cervical sprain, impingement syndrome, headaches, weight gain and insomnia, stress and depression. The injured worker's treatment plan included continuation of medications and surgical intervention of 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 surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 210-211.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends surgical intervention for patients who have clear physical examination findings and imaging studies of a lesion that would benefit from both long and short-term from surgical intervention. The clinical documentation submitted for review does indicate that the patient has physical exam findings of impingement syndrome. However, there were no imaging studies submitted for review to support the physical exam findings. Furthermore, the request as it is submitted does not clearly identify the surgical intervention being requested. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested right shoulder surgery is not medically necessary or appropriate.