

<b>Case Number:</b>	CM14-0055914		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 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 56-year-old gentleman who injured his left shoulder while unloading an entertainment unit at work on 01/18/12. Clinical records provided for review indicate chronic complaints of pain in the left shoulder since the injury date. The 04/01/14 progress report noted continued complaints of pain with the inability to lift the arm above shoulder level and difficulty sleeping. Physical examination showed a strength deficit of 4/5 with abduction and 4+/5 with external rotation and internal rotation. There was limited range of motion. There was positive impingement, Speed's and Hawkin's testing. There was tenderness at the rotator cuff biceps tendon and posterior capsule, but no tenderness at the acromioclavicular joint. The injured worker was diagnosed with shoulder impingement syndrome and rotator cuff strain with underlying bicipital tendinitis. Conservative care for two years has included multiple previous corticosteroid injections, physical therapy and activity restrictions. A prior MRI report from 02/28/12 showed an irregular signal at the glenoid labrum, a paralabral cyst, inflammatory changes at the supra and infraspinatus tendon with partial thickness insertional tearing of both the supra and infraspinatus tendon. There was mild acromioclavicular joint degenerative changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy of joint:** 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 Indications for Surgery - Rotator cuff repair.

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

**Decision rationale:** ACOEM Guidelines suggest conservative care for at least three to six months including corticosteroid injections before the consideration of surgery. The issue in this case arises with the vagueness of the surgical request. It is unclear as to the specific surgical process that is to be considered, or performed. When specifically looking at this individual's left shoulder, there is no recent documentation of imaging with clinical tests being performed greater than two and a half years ago. While there is documentation of failed conservative care for chronic findings, the lack of recent treatment and significantly dated shoulder imaging would fail to acutely support the role of an arthroscopy of the joint in this individual. As such, the request is not medically necessary.