

<b>Case Number:</b>	CM14-0067218		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 injured worker is a 52 year old male delivery driver who was involved in an industrial motor vehicle accident on 10/31/11 when his work truck collided with another vehicle that was going the wrong way on a freeway after the other driver lost control of the impacted vehicle. Injuries reported by the injured worker at the time of the accident included the neck and head, although he later reported a left shoulder injury and psyche (two people died in the vehicle that his truck struck) related to the accident. His left shoulder complaints have not responded to non-steroidal anti-inflammatory drugs, analgesics, muscle relaxants, steroid injection, physical therapy, activity modification, and home exercise program. An arthrogram of the left shoulder on 5/17/13 demonstrated a superior labral tear from anterior to posterior tear with a paralabral cyst and rotator cuff tendinosis without a discrete tear. Left shoulder impingement syndrome and acromioclavicular joint arthrosis were also diagnosed. A treating physician opined on 7/31/13 opined that the injured worker's left shoulder superior labral tear from anterior to posterior tear was not related to the accident of 10/31/11 as it was not reported at the time of injury and the mechanism of injury would not be consistent with the superior labral tear from anterior to posterior tear, despite the fact that it was documented on the date of injury that the injured worker had a bruise from his seat belt over the left shoulder. Left shoulder surgery (arthroscopy) to address the superior labral tear from anterior to posterior tear was scheduled for 8/19/13, then cancelled for reasons that are not clear in the available records. A minimal orthopaedic evaluation of the left shoulder on 6/16/14 demonstrated positive impingement signs. Diagnosis on that date was left shoulder impingement syndrome. Left shoulder surgery has currently been requested, but a specific procedure has not been documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder Surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ASSESSMENT APPROACHES Page(s): 6. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER, TREATMENT PLANNING.

**Decision rationale:** The MTUS Chronic Pain Guidelines and Official Disability Guidelines state that a current clinical examination and history must be obtained prior to recommending treatment. There is no documentation of a recent complete clinical examination of the left shoulder and the specific surgical procedure currently requested involving the left shoulder is not documented. Absent this documentation, the medical necessity of the request for left shoulder surgery has not been established and cannot be recommended for certification.