

<b>Case Number:</b>	CM14-0077414		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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 49-year-old female who reported an injury on 04/06/2013 due to a slip and fall. The injured worker reportedly sustained an injury to her left side to include her left knee, thigh, hip, and pelvis in addition to her right shoulder and head. The injured worker failed to respond to conservative treatment and ultimately underwent left shoulder surgical intervention on 04/18/2014. However, due to right-sided symptoms, the injured worker underwent an MRI on 08/14/2013. Findings included an intact rotator cuff without any evidence of disruption, intact biceps tendon and glenoid labrum. There was mild bone marrow edema and degenerative changes to the acromioclavicular joint that may represent evidence of a previous sprain. The injured worker's left shoulder was treated surgically. The injured worker was seen on 05/12/2014 for a postoperative appointment for the left shoulder; however, complained of persistent right-sided symptoms. Physical findings included pain with overhead range of motion and tenderness to the acromioclavicular joint of the right side. The injured worker's diagnoses included subacromial impingement syndrome of the bilateral shoulders, acromioclavicular joint osteoarthritis of the bilateral shoulders, hand numbness, sacroilitis and morbid obesity. A request was made for right shoulder arthroscopic subacromial decompression and distal clavicle resection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopic subacromial decompression and distal clavicle resections procedures:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209,211,214. Decision based on Non-MTUS Citation Official Disability guidelines , Shoulder Chapter.

**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 shoulder injuries for patients who have significant clinical findings identified on physical examination that are consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence of conservative treatment directed towards the right shoulder to support the need for surgical intervention. Additionally, the imaging study provided for review did not provide any evidence of significant pathology that would benefit from surgical intervention. Therefore, the need for surgical intervention at this time is not clearly established. As such, the requested right shoulder arthroscopic subacromial decompression and distal clavicle resection procedures are not medically necessary or appropriate.