

<b>Case Number:</b>	CM14-0083224		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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:

57 year old claimant was reported industrial injury of August 7, 2012. Agreed medical evaluation from February 10, 2014 demonstrates complaints of pain in the back, left leg and shoulder. Examination of the left shoulder demonstrates range of motion with forward flexion of 95, extension of 30, abduction 90 with positive impingement sign on the left. Recommendation is made for an MRI of the left shoulder. Examination from February 26, 2014 demonstrates complaints of pain and dysfunction in the left shoulder. There is report of night pain as well as pain with reaching overhead and lifting. Examination of the left shoulder demonstrates range of motion with flexion of 170 and abduction of 170 with pain and impingement test being positive. There is report of pain and weakness on resisted external rotation of the arm at the side. A subacromial injection is given into the shoulder on this date of service. Exam note from April 23, 2014 demonstrates significant pain and dysfunction left shoulder. Report is made of good temporary relief of a subacromial injection for 1 week with return of pain. Examination demonstrates tenderness over the anterior acromial margin and acromioclavicular joint on the left. Range of motion demonstrates flexion 70 abduction 70. Feeds and impingement test were positive. Pain and weakness is again noted on external rotation side. MRI of the left shoulder from February 28, 2014 demonstrates mild tendinosis of the supraspinatus tendon. There is no evidence of a full-thickness rotator cuff. There is trace fluid in the subacromial and subdeltoid bursa which may reflect bursitis. AC joint arthrosis is also noted with undersurface spur formation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy with SAD debridement vs RCR possible distal clavicle resection:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-210.

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 4/23/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 4/23/14 does not demonstrate a painful arc of motion. In addition the MRI from February 28, 2014 does not demonstrate any evidence of a full-thickness or high-grade partial thickness rotator cuff tear. Therefore the determination is not medically necessary.