

<b>Case Number:</b>	CM14-0085705		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/24/2005
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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:

According to the records made available for review, this is a 54-year-old male with a 3/24/05 date of injury. At the time (4/23/14) of the request for authorization for right shoulder arthroscopy, there is documentation of subjective (more and more difficulties with overhead activities, pain wakes him up at night) and objective (positive impingement sign, positive Hawkins sign, positive supraspinatus weakness test, and 4/5 strength) findings, current diagnoses (status post right shoulder surgery, rotator cuff tendinopathy, and rule out rotator cuff tear), and treatment to date (injection, physical therapy, and medication). There is no documentation that imaging is inconclusive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter, Surgery for Rotator Cuff Repair

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Diagnostic arthroscopy

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of surgery. Official Disability Guidelines (ODG) identifies documentation that imaging is inconclusive and acute pain or functional limitation continues despite conservative care, as criteria necessary to support the medical necessity of diagnostic arthroscopy. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder surgery, rotator cuff tendinopathy, and rule out rotator cuff tear. In addition, there is documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing. However, there is no documentation that imaging is inconclusive. Therefore, based on guidelines and a review of the evidence, the request for right shoulder arthroscopy is not medically necessary.