

<b>Case Number:</b>	CM14-0095855		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 claimant is a 32-year-old female who was injured in a work-related accident on 10/07/13 sustaining injury to the right shoulder. Records for review include a 07/01/14 follow up report indicating continued complaints of pain about the shoulder with continued weakness. It states physical examination showed weakness with restricted range of motion. It cited the claimant has failed conservative measures and operative intervention in the form of an arthroscopy and subacromial decompression was recommended. Previous assessment for review of 05/30/14 showed physical examination with restricted range of motion, 5/5 motor strength, positive impingement, and crossed chest abduction testing. While the claimant is noted to have failed conservative care, there is no documentation of prior injection therapy documented. Previous imaging for review included an arthrogram from 02/14/14 and was unremarkable and read as normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with subacromial decompression and debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Based on California MTUS ACOEM Guidelines, shoulder arthroscopy with subacromial decompression in this individual would not be indicated. Guidelines with regards to surgery for impingement recommend three to six months of conservative care including injection therapy before proceeding with operative intervention. There is currently no indication of prior injection therapy in this individual whose imaging to the shoulder demonstrated a normal MR arthrogram. Without abnormal imaging or documentation of specific conservative measures, the requested surgical process would not be indicated.