

<b>Case Number:</b>	CM14-0099415		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Pennsylvania. 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 53 year old female who was injured on 04/01/10. Clinical records provided for review document continued complaints of pain in the right shoulder. The report of the 07/17/14, orthopedic follow-up identifies that there is an appeal for denial of shoulder surgery requested in May 2014 to include an arthroscopy, subacromial decompression and acromioclavicular joint resection. There was no documentation of clinical findings or documentation of other forms of conservative care in the report. The prior assessment dated 05/13/14 documented that examination revealed a positive Neer and Hawkins testing, 5/5 motor strength and no tenderness noted over the acromioclavicular joint. At that time operative procedure was recommended. There is no documentation of conservative care provided for the claimant's symptoms or imaging reports of the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210; Section A, B & D.

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for shoulder arthroscopy would not be indicated. At present, there is no documentation of clinical findings on imaging or documentation of conservative care including three to six months of measures including injection therapy as recommended by ACOEM Guidelines. Without documentation of conservative care or imaging demonstrating a surgical process, the acute need of an arthroscopic procedure to the shoulder is not medically necessary.

**Right Shoulder Subacromial Decompression QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210; Section A, B & D.

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

**Decision rationale:** At present, there is no documentation of clinical findings on imaging or documentation of conservative care including three to six months of measures including injection therapy as recommended by ACOEM Guidelines. Without documentation of conservative care or imaging demonstrating a surgical process, the acute need of a subacromial decompression procedure to the shoulder is not medically necessary.

**Right Shoulder Arthroscopy AC joint resection QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210; Section A, B & D.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure -Partial Claviclectomy (Mumford Procedure), Indications for Surgery -- Partial Claviclectomy.

**Decision rationale:** The California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a Mumford Procedure would not be indicated. While shoulder surgical process has not been supported by clinical records, it also should be noted that the claimant's physical examination failed to demonstrate findings at the acromioclavicular joint that would necessitate the need for this portion of the surgical process.

**Compression with cold therapy unit per post-op day WTY: 21.00:** 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): 201-205,555-556.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.