

<b>Case Number:</b>	CM14-0102218		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/25/2010
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Georgia. 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 44-year-old female who reported injuries due to cumulative trauma on 07/25/2010. On 05/27/2014, her diagnoses included persistent left shoulder pain and inflammation, depression, and rule out complex regional pain syndrome. The injured worker was noted to be status post prior left shoulder arthroscopic subacromial decompression and partial distal claviclectomy on 04/28/2011. Her complaints included severe left shoulder pain which radiated both proximally and distally. She was seen by a psychiatrist who felt she was depressed with extreme levels of anxiety and felt that she had a pain disorder associated with both psychological and general medical condition. An MRI of the left shoulder from 04/30/2014 revealed mild tendinosis involving the distal subscapularis and supraspinatus. No rotator cuff tear or retraction was identified. Previously noted acromioclavicular arthritis appeared improved, likely reflecting interim surgery. Otherwise, essentially unchanged from a previous MRI. At a neurological consultation on 05/16/2014, some swelling was noted in the entire left arm and it looked a little dusky than the right arm. It was grossly the same temperature as the right arm, and not exquisitely tender to touch. Her reflexes were normal and her cranial nerve examination was normal. The neurologist was unable to ascribe a diagnosis to this worker and stated that "frankly the objective data did not fit with the subjective findings". A cervical MRI was reported to be within normal limits other than mild diffuse degenerative changes. She was being referred to a psychologist for a psychological assessment. The suggestion of second arthroscopic surgery was not accompanied by a rationale. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthroscopic Re-look with possible Lysis of Adhesions Decompression.:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation (TWC), online edition: Shoulder chapter; diagnostic arthroscopy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The request for left shoulder arthroscopic re-look with possible lysis of adhesions decompression is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation for shoulder complaints may be indicated for patients who have red flag conditions, for example acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc., activity limitation for more than 4 months, plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Surgical considerations depend on the working or imaging confirmed diagnosis of the presenting shoulder complaint. Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms, or those who have no activity limitation. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. There was no indication of conservative care regarding this injured worker, including cortisone injections into the shoulder, physical therapy, pharmacotherapy, acupuncture, or chiropractic treatments. Given the lack of documentation as outlined above, there was insufficient information at this time to warrant a second surgical procedure. Therefore, this request for left shoulder arthroscopic re-look with possible lysis of adhesions decompression is not medically necessary.