

<b>Case Number:</b>	CM14-0186843		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Minnesota. 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 with a history of industrial injury on 9/20/2013 when she was shoved by a student and stumbled, striking her right knee against a pick-up pan she was carrying and struck her abdomen against the sweeper handle. She subsequently developed bilateral shoulder pain, right more than left, neck and back pain and bilateral hand and wrist pain. Her knees were also painful. Positive impingement signs were noted in both shoulders. She developed stiffness and pain in the right shoulder due to adhesive capsulitis. An MRI scan of the right shoulder revealed a type II SLAP but no rotator cuff tear was reported. The report is not included. Electrodiagnostic studies of the upper extremities revealed mild carpal tunnel syndrome. There was no evidence of cervical radiculopathy. A Physical Medicine and Rehabilitation consultation of 5/1/2014 reported chief complaints of left knee and right shoulder pain. On examination shoulder flexion was 120 degrees and abduction 110 degrees. External rotation was 60 degrees and internal rotation was to L3. Supraspinatus strength was 5/5. The diagnosis was adhesive capsulitis, supraspinatus tendinitis and SLAP lesion. Orthopedic notes of 6/5/2014 indicate that a right shoulder injection was declined in anticipation of surgery; however, on June 26, 2014 the left shoulder was injected with corticosteroids. On July 8, 2014 the notes document the first physical therapy treatment for the left knee and the right shoulder. On 8/8/2014 an operative report documents arthroscopy of the left knee with partial medial meniscectomy, chondroplasty of the patella, synovectomy, and a lateral release. A physical therapy note pertaining to the left knee is dated 9/16/2014. A request for arthroscopy of the right shoulder, subacromial decompression, and labral repair was non-certified by utilization review on 10/27/2014.

### 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 labral repair:** 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, 211, 213.

**Decision rationale:** The California MTUS guidelines recommend surgical considerations for impingement syndrome after at least 3 to 6 months of conservative care including cortisone injections and a formal strengthening and range of motion exercise program. The records submitted do not include such documentation of a formal dedicated physical therapy program for the shoulder. An impingement test using lidocaine injections to distinguish pain sources in the shoulder area is recommended per guidelines particularly in the presence of neck pain and radicular symptoms. Guidelines recommend two or three subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation or impingement syndrome. The available documentation does not include such treatment. With respect to the request for the SLAP repair the guidelines again recommend an initial period of conservative treatment. Based upon the above the request for arthroscopy of the right shoulder with subacromial decompression and labral repair is not medically necessary.