

<b>Case Number:</b>	CM14-0192682		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 New York. 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 patient is a 58-year-old male with a date of injury May 15, 2014. The patient has chronic shoulder pain. Previous treatment includes activity modification, medications, physical therapy and subacromial injection. MRI of the left shoulder reveals no evidence of rotator cuff tear and only mild degenerative changes. The patient has subacromial injection which did not improve symptoms. Physical examination shows reduced range of shoulder motion. At issue is whether shoulder surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder Arthroscopy/Surgery:** Upheld

**Claims Administrator 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 Surgery

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** This patient does not meet establish criteria for shoulder surgery. Specifically there is no clear correlation between MRI imaging studies and physical examination. There is no evidence of rotator cuff pathology. The physical exam does not document significant

shoulder pathology. There is no correlation between MRI imaging studies and physical examination showing specific pathology. Surgery is not medically necessary at this time.