

<b>Case Number:</b>	CM14-0202590		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/17/2006
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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:

Patient has a date of injury of December 17, 2006. Patient has had right shoulder previous surgery. MRI shows a.c. joint arthritis with mild supraspinatus impingement. The patient has chronic right shoulder pain. She takes multiple medications to include narcotics. On physical examination shows a.c. joint tenderness positive cross body test and decreased range of motion due to a.c. joint pain. There is 4-5 shoulder strength. At issue is whether additional shoulder surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy-distal clavicle resection/debridement-decompression:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter.

**Decision rationale:** The patient does not meet establish criteria for additional shoulder surgery at this time. Specifically the medical records do not document recent trial and failure of conservative measures to include physical therapy for shoulder pain. Also, a recent subacromial

injection and is also such injection are not documented. More conservative measures are necessary for the treatment of shoulder pain. Therefore, this request is not medically necessary.