

<b>Case Number:</b>	CM14-0207314		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 41-year-old female who reported an injury on 08/13/2013. The mechanism of injury was not provided. Prior treatments were noted to include physical therapy and medications. The documentation indicated that the injured worker underwent an MRI of the right shoulder on 10/19/2014, which revealed minimal subacromial bursitis, osteoarthropathy of the acromioclavicular joint, paralabral cyst in the inferior aspect of the glenoid, tear of the inferior glenoid labrum, and no other gross abnormality was noted. There was a Request for Authorization submitted for review dated 11/20/2014. The documentation of 11/20/2014 revealed the injured worker had pain and limited range of motion of the right shoulder and the impingement test was positive for the right shoulder. The diagnoses included impingement syndrome, right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 210-211.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. The clinical documentation submitted for review indicated the injured worker had a partial tear of the inferior glenoid labrum. The injured worker had a positive impingement sign on the right. The injured worker was noted to have undergone physical therapy, however, the duration of conservative care was not provided. Additionally, the request as submitted failed to indicate the specific arthroscopic procedure being requested. Given the above, the request for arthroscopy right shoulder is not medically necessary.