

<b>Case Number:</b>	CM14-0207587		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	02/10/2015	<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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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:

According to the records made available for review, this is a 25-year-old male with a 9/17/14 date of injury. At the time (11/24/14) of request for authorization for Right Shoulder Arthroscopic Subacromial Decompression and Mumford Procedure; Physical therapy to the right shoulder, 2-3 times a week for 4-6 weeks; Purchase of Ultra sling; Purchase of Cold Therapy Unit and Shoulder Pad; and Medical Clearance; there is documentation of subjective (right shoulder pain) and objective (tenderness over the acromioclavicular joint, decreased right shoulder range of motion, weak abduction, positive Neer's sign, positive Hawkin's sign, and painful arc) findings, imaging findings (MRI arthrogram of the right shoulder (10/1/14) report revealed intact glenoid labrum and rotator cuff), current diagnoses (right shoulder trauma and right shoulder acromioclavicular sprain), and treatment to date (medications and cortisone injection). Regarding Right Shoulder Arthroscopic Subacromial Decompression and Mumford Procedure, there is no documentation of additional subjective clinical findings (pain at night); and imaging clinical findings (arthrogram showing positive evidence of deficit in rotator cuff).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopic Subacromial Decompression and Mumford Procedure:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS 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 Chapter, Subacromial Decompression and Manipulation Under Anesthesia.

**Decision rationale:** MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, AP, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of diagnoses of right shoulder trauma and right shoulder acromioclavicular sprain. In addition, there is documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections. Furthermore, there is documentation of subjective clinical finding (pain with active arc motion at 90 degrees). Lastly, there is documentation of objective clinical findings (weak abduction, tenderness anterior acromial area and positive impingement sign). However, despite documentation of subjective (right shoulder pain), there is no documentation of additional subjective clinical findings (pain at night). In addition, given documentation of imaging findings (MRI arthrogram of the right shoulder identifying intact glenoid labrum and rotator cuff), there is no documentation of imaging clinical findings (arthrogram showing positive evidence of deficit in rotator cuff). Therefore, based on guidelines and a review of the evidence, the request for Right Shoulder Arthroscopic Subacromial Decompression and Mumford Procedure is not medically necessary.

**Physical therapy to the right shoulder, 2-3 times a week for 4-6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy to the right shoulder, 2-3 times a week for 4-6 weeks is not medically necessary.

**Purchase of Ultrasling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Purchase of Ultra sling is not medically necessary.

**Purchase of Cold Therapy Unit and Shoulder Pad:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Purchase of Cold Therapy Unit and Shoulder Pad is not medically necessary.

**Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Medical Clearance is not medically necessary.