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| <b>Case Number:</b>   | CM14-0070015 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 10/01/2003 |
| <b>Decision Date:</b> | 02/05/2015   | <b>UR Denial Date:</b>       | 05/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2014 |

### 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, has a subspecialty in Shoulder and Elbow 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:

The injured worker is a 59-year-old female who reported injuries due to repetitive motion on 10/01/2003. On 04/15/2014, her diagnoses included pain in joint, shoulder; pain in joint, forearm; and carpal tunnel syndrome. Her complaints included bilateral shoulder pain, greater on the left side. She was status post left shoulder arthroscopic surgery on 07/17/2013. Postoperatively, she participated in physical therapy, acupuncture, cortisone injections, massage therapy, a home exercise program, and a functional restoration program. She had also taken various oral medications and used topical analgesics without significant improvement. Ranges of motion of the left shoulder were abduction and forward flexion 90 degrees, internal rotation 30 degrees, and external rotation 45 degrees. There was no rationale included in this injured worker's chart. A Request for Authorization dated 04/30/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision Left Shoulder Surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guideline - Shoulder Surgery for Rotator Cuff Tear

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

**Decision rationale:** The request for revision left shoulder surgery is not medically necessary. The California ACOEM Guidelines note that surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3 to 6 months before considering surgery. Although it was noted that this injured worker participated in various modalities of conservative care, other than the acupuncture there was no clinical data submitted regarding changes in functional abilities or pain levels related directly to the left shoulder. Undated x-rays of the left shoulder revealed outlet impingement with downward projection of the anterolateral acromion. Apart from x-rays, all surgical requests must be supported by an appropriate imaging, electrodiagnostic, and/or diagnostic injection study which must be in an original form and cannot be interpretations from a physician or a summarization within a submitted document. There were no original reports of MRIs and/or electrodiagnostic studies included in this injured worker's medical records. Given the lack of documentation as outlined above, there is insufficient information at this time to establish the need for the requested surgery. Therefore, this request for revision left shoulder surgery is not medically necessary.