

<b>Case Number:</b>	CM15-0005943		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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

### 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 56 year old male, who sustained an industrial injury on 9/30/2014. The diagnoses have included left shoulder impingement, neck pain and left knee pain. Medical history included diabetes mellitus. Treatment to date has included nonsteroidal anti-inflammatory drugs. X-ray of the left shoulder from 11/24/2014 revealed mild acromioclavicular osteoarthritis. The initial orthopedic exam from 11/14/2014, documents that the injured worker had complaints of pain in the neck and left shoulder. He also complained of dizziness and headaches. Physical exam revealed pain along the left side of the neck with range of motion. Exam of the left shoulder revealed pain with overhead activities; pain was localized to the acromial region. According to the physician progress report from 11/25/2014, the injured worker continued to complain of pain in the left shoulder. He also complained of neck stiffness and headaches. A note from 12/16/2014, documents that the injured worker said a cortisone injection helped, but symptoms were coming back. He continued to complain of pain to left shoulder, neck, left knee and head. The physician plan was for diagnostic arthroscopy of the left shoulder. On 12/22/2014, Utilization Review (UR) non-certified a request for diagnostic arthroscopy, noting the lack of documentation, particularly the physical exam. The ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Arthroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC; 2014 Shoulder Chapter, Diagnostic arthroscopy

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

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 12/16/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 12/16/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for non-certification.