

<b>Case Number:</b>	CM15-0008795		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: New York, New Hampshire, Washington  
 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:

This 59 year old female sustained an industrial injury on 2/13/14. She subsequently reports chronic left shoulder and left knee pain. Diagnoses include facet otseoarthropathy, multiple ganglion cysts and degenerative tear of meniscus of the left knee. Current treatments include physical therapy and pain medications. MRI testing and TENS therapy was also recommended for the left shoulder. The UR decision dated 1/6/15 non-certified the Left Shoulder Arthroscopic Subacromial Decompression and Debridement. The Left Shoulder Arthroscopic Subacromial Decompression and Debridement was denied based on ODG Shoulder guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthroscopic Subacromial Decompression and Debridement:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
 Page(s): 209-222.

**Decision rationale:** 59 yo female with chronic shoulder pain. MTUS criteria for shoulder surgery are not met. There is no documentation of a subacromial injection in the shoulder. Conservative measures not tried and failed. MTUS criteria not met for shoulder surgery.