

<b>Case Number:</b>	CM15-0009736		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, 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 02/15/2011. The injury reportedly occurred while the injured worker was squeezing a device to decrease the water in a mop when the injury to right thumb occurred. She was diagnosed with right carpal tunnel syndrome. Past treatments were noted to include medication, splint, and physical therapy. On 12/09/2014, the injured worker reported frequent pain in her shoulder and numbness in the right thumb, index, and middle fingers. Upon physical examination of her right shoulder, she was noted to have a positive Neer's sign and Allen's test. Her current medications were not provided. The treatment plan was noted to include to conservatively treat the injured worker for her joint degenerative arthritis and request for right carpal tunnel release and right shoulder arthroscopic subacromial decompression. Request was submitted for right shoulder arthroscopic subacromial decompression; however, the rationale was not provided. A Request for Authorization was not submitted.

### 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:** Upheld

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

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

**Decision rationale:** A request for right shoulder arthroscopic subacromial decompression was not medically necessary. The California MTUS/ACOEM Guidelines state surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for injured workers 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. More specifically, the Official Disability Guidelines recommend acromioplasty after 3 to 6 months after conservative treatment, to include active rehabilitation. There should be evidence of weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign, and temporary relief of pain following a diagnostic injection. There should be evidence of impingement on MRI. The clinical documentation submitted for review does not provide evidence of conservative care for at least 3 to 6 months, to include injections. There was evidence of a positive impingement sign upon physical examination; however, there was no evidence of a weak or absent abduction and tenderness over the rotator cuff and anterior acromial area. Furthermore, there was no evidence of impingement on MRI. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.