

<b>Case Number:</b>	CM15-0141250		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, Oregon, 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:

The injured worker is a 51 year old male, who sustained an industrial injury on April 20, 2013. He reported a neck muscle pull. Treatment to date has included subacromial injection, electrodiagnostic studies, MRI, pain management, cervical therapy and toxicology screen. Currently, the injured worker complains of ongoing headaches, right sided neck pain, right arm pain associated with numbness and weakness and right shoulder pain. The injured worker is currently diagnosed with right shoulder bicipital tendinitis, right shoulder impingement, right shoulder pain and cervicgia with right C6-C7 radiculopathy. His current work status was not documented. In a note dated May 14, 2015, it states the electrodiagnostic studies reveal an abnormality due to denervation of the right C6-C7 muscles. The note further states the injured worker engaged in cervical therapy, which aggravated his symptoms. A pain management note dated May 14, 2015, states the injured worker is experiencing therapeutic efficacy from his pain medication, which includes increased function and ability to engage in activities of daily living. A note dated June 8, 2015 states the injured worker experienced temporary relief from the subacromial injection. The surgical procedure, a right shoulder arthroscopy with subacromial decompression is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with subacromial decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section.

**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 6/30/2015. 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 5/14/2015 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the determination is for not medically necessary.