

<b>Case Number:</b>	CM15-0166319		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	09/12/2006
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Minnesota, Florida

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 58 year old male, who sustained an industrial injury on 9-12-2006. The mechanism of injury is unknown. The injured worker is being treated for chronic left shoulder pain and has undergone multiple surgeries. The injured worker was diagnosed as having a left shoulder total replacement. Left shoulder ultrasound showed intact rotator cuff tendons. Treatment to date has included surgery, physical therapy, home exercise program and medical management. In a progress note dated 7-15-2015, the injured worker complains of left shoulder pain and right shoulder compensatory pain. Physical examination showed pain out of proportion to what is expected. Documentation states the physician is concerned with infection with laboratory studies that were within normal limits. The treating physician is requesting a Diagnostic arthroscopy with tissue cultures to left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic arthroscopy with tissue cultures to left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Diagnostic arthroscopy.

**Decision rationale:** The injured worker has undergone four surgical procedures on the shoulder including two arthroscopic procedures, a hemiarthroplasty and a total shoulder replacement. He has a chronic pain syndrome. ODG guidelines indicate diagnostic arthroscopy is usually not necessary as the diagnosis can be determined through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitations continue despite conservative care. In this case, the workup for infection has been negative. Ultrasound of the shoulder shows an intact rotator cuff. The CT does not show any evidence of loosening or other problems pertaining to the total shoulder arthroplasty. The diagnosis is not in doubt. As such, the request for diagnostic arthroscopy and culture of the tissue is not supported and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.