

<b>Case Number:</b>	CM15-0181637		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/13/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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 58 year old, female who sustained a work related injury on 3-13-15. A review of the medical records shows she is being treated for left shoulder pain. Current medications include Advil. She has had some physical therapy to left shoulder, which she reports has been "beneficial." She reports medications have been "helpful." In the last several progress notes, the injured worker reports the pain is mild to moderate and that function is "improving." On physical exam dated 7-27-15, she has decreased range of motion in left shoulder. She is able to perform the abduction hold test. She has no pain or problems performing other manipulation tests with left shoulder. MRI of left shoulder dated 3-3-15 has an impression of "sprain of the inferior glenohumeral ligaments, mild rotator cuff tendinopathy, anatomic impingement with anterior inferior hooking of the acromion and no obvious labral tears are appreciated." She is working. The treatment plan includes left shoulder physical therapy. In the Utilization Review dated 9-3-15, the requested treatment of left shoulder subacromial decompression, debridement, capsular release is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder subacromial decompression, debridement, capsular release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder section, acromioplasty surgery.

**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 7/27/15. 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 2/27/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore the determination is for non-certification. The request is not medically necessary.