

<b>Case Number:</b>	CM15-0190171		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 50 year old male who sustained an industrial injury 08-06-13. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine sprain and strain, multilevel degenerative joint disease, L4-5 stenosis, bilateral shoulder sprain and strain, and left wrist sprain. The notes are handwritten and difficult to decipher. Medical records (08-28-15) reveal the injured worker complains of "worsening" left shoulder pain, which is rated at 8-9/10. The physical exam (08-28-15) reveals left shoulder tenderness in the periscapular area with positive impingement. Prior treatment includes medications and physical therapy. The treating provider does not report radiological test results. The original utilization review (09-09-15) non certified the request for left shoulder arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder Arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004,  
 Section(s): Surgical Considerations.

**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. In this case, there is no imaging study such as an MRI that shows a surgical lesion. Therefore, the determination is for non-certification. 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 8/28/15. 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 8/28/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the request is not medically necessary.