

<b>Case Number:</b>	CM15-0209453		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/31/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Montana, Oregon, Idaho  
 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 43 year old female, who sustained an industrial injury on 5-31-14. The injured worker has complaints of left shoulder pain associated with weakness, numbness, grinding, popping and swelling that radiates down to the left arm and hand. There was tenderness noted over the deltoid complex and range of motion was restricted due to pain. Electrocardiogram revealed normal sinus rhythm. The diagnoses have included left shoulder derangement and left shoulder rotator cuff strain. Treatment to date has included physical therapy attended approximately 20 sessions which provided no relief; acupuncture approximately three months that helped temporarily; cortisone injection to her left shoulder ; pantoprazole; naproxen and cyclobenzaprine. The original utilization review (9-29-15) modified the request for left shoulder arthroscopy, subacromial decompression, mumford procedure, possible rotator cuff repair to left shoulder arthroscopy, subacromial decompression, possible rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthroscopy, Subacromial Decompression, Mumford Procedure, Possible Rotator Cuff Repair:** Upheld

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

**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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. 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 submitted documentation does not demonstrate evidence satisfying the above criteria. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for post traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case, the submitted documentation and the imaging findings from 12/1/14 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore, the requested surgery is not medically necessary.