

<b>Case Number:</b>	CM15-0029310		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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

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 38 year old female who sustained an industrial injury on March 27, 2014. She has reported right shoulder pain and has been diagnosed with strain shoulder, trapezius muscle and strain, shoulder, right medial epicondylitis. Treatment has included acupuncture, injection, and medication. Exam note from 1/7/15 demonstrates the injured worker had tenderness to palpation of the right trapezius and tenderness to palpation to the anterior right shoulder with a positive impingement test. The treatment plan included acupuncture and surgery. MRI shoulder from 9/30/14 demonstrates minimal tendinosis of the supraspinatus tendon without evidence of tear. On January 28, 2015 Utilization Review non certified 6 post operative physical therapy sessions with evaluation and right shoulder arthroscopy citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Right Shoulder Arthroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 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, Shoulder, 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 1/7/15. 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 1/7/15 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for non-certification.

**6 Post Operative Physical Therapy Sessions with Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.