

<b>Case Number:</b>	CM15-0031726		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: New York, New Hampshire, 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:

41 y/o male with DOI Sept 2013. He has chronic neck and shoulder pain. He has had pain meds and restricted activity documented. MRI of the neck shows degenerative changes. Physical exam shows painful range of motion of the shoulder. There is no significant weakness or rc tear documented in the records. Need for shoulder surgery at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy, Lysis of Adhesions, Subacromial Decompression:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-219.

**Decision rationale:** MTUS guidelines for shoulder surgery not met. There is no clear documentation of rotator cuff tear on exam or imaging studies. There is no documentation of a recent trial and failure of physical therapy. More conservative measures are needed for the treatment of shoulder pain. The diagnosis has not been clearly established.