

<b>Case Number:</b>	CM15-0033268		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: 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 63 year old female who sustained an industrial related injury on 8/1/11. The injured worker had complaints of right shoulder and low back pain. Treatment included left shoulder arthroscopy, rotator cuff repair and subacromial decompression on 5/20/12 and physical therapy. The injured worker also underwent right knee arthroscopy, partial medial meniscectomy and chondroplasty on 6/5/13. A MRI obtained on 5/17/13 revealed right shoulder rotator cuff calcific tendinosis, impingement and degenerative superior labral anterior posterior (SLAP) lesion. Exam note 1/5/15 demonstrates pain in the right shoulder and low back. Exam demonstrates right shoulder impingement sign, positive Supraspinatus test, positive Speed test. The treating physician requested authorization for right shoulder arthroscopy, subacromial decompression, rotator cuff debridement possible repair, possible biceps tenodesis and SLAP debridement. On 2/6/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted although there are positive findings on MRI, subjective and objective findings were very limited. The submitted documentation does not reflect current subjective complaints of functional limitations and no trial of conservative treatment specific for the left shoulder. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy, subacromial decompression, rotator cuff debridement possible repair, possible biceps tenodesis and superior labral anterior posterior (SLAP) debridement:** 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 1/5/15. 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 1/5/15 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for non-certification.