

<b>Case Number:</b>	CM15-0040691		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/31/2003
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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:

This 52-year-old female sustained an industrial injury to the right shoulder via cumulative trauma on 2/28/01. Previous treatment included injections, heat, medications and right shoulder arthroscopy times two with subacromial decompression. In an orthopedic reevaluation dated 2/17/15, the injured worker reported that her right shoulder symptoms had worsened with constant right shoulder pain with radiation to the neck and right upper extremity associated with tightness, stiffness, numbness into the hand, popping and weakness of the right hand. X-ray of the right shoulder (2/13/15) showed a small residual hook to the acromion with a space between the acromion and the clavicle. Current diagnoses were probable high grade partial thickness rotator cuff tear and acromioclavicular joint pain. The treatment plan included right shoulder examination under anesthesia with arthroscopic revision, subacromial decompression, Mumford procedure cuff repair and/or debridement with treatment of other pathologies as indicated. The physician noted that the injured worker had previously received approval for shoulder surgery but had never had the procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right shoulder examination under anesthesia with Arthroscopic revisioin, Subacromial decompression, Mumford procedure cuff repair and/or Debridement with treatment of other pathologies as indicated:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**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.

**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 2/17/15. 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 2/17/15 does not demonstrate evidence satisfying the above criteria. Therefore, the treatment is not medically necessary.