

<b>Case Number:</b>	CM15-0054744		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Minnesota, Florida

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 57 year old male, who sustained an industrial injury on 06/18/2012. He reported injury to the left shoulder. Treatment to date has included x-rays, physical therapy, ulnar nerve transposition on 8/9/2004 and 2 left shoulder surgical procedures on 2/3/2003 and 3/2/2004. According to a progress report dated 12/08/2014, the injured worker complained of neck pain radiating into both upper extremities, bilateral shoulder pain and weakness worse on the right and bilateral wrist and hand pain with associated numbness and tingling. Diagnoses included cervical spine sprain and strain with possible associated discopathy, status post left shoulder surgery times two with residual symptoms, tendinitis/impingement syndrome right shoulder with possible rotator cuff tear and bilateral carpal tunnel syndrome worse on the right. Treatment recommendations included right shoulder arthroscopy and bilateral carpal tunnel release surgeries. The request for right shoulder surgery was noncertified by UR citing CA MTUS guidelines. This is now appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy with subacromial decompression, acromioplasty, debridment and possible repair of rotator cuff:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, surgery for impingement syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 213.

**Decision rationale:** Per examination report of 12/8/2014 the diagnosis for the right shoulder was tendinitis, impingement syndrome, with possible rotator cuff tear. The requested procedure is right shoulder arthroscopy with subacromial decompression, acromioplasty, debridement, and possible repair of rotator cuff. California MTUS guidelines indicate that the surgery for impingement syndrome is subacromial decompression. However, the procedure is not indicated for patients with mild symptoms or those will have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears is recommended. The documentation submitted does not indicate a recent comprehensive nonoperative treatment program such as the program recommended per guidelines. As such, the medical necessity of the requested surgery has not been substantiated.