

<b>Case Number:</b>	CM14-0116085		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 42-year-old female with a date of injury of August 17, 2013. She injured her shoulder while stacking boxes. The patient has been treated with oral medications. Physical examination documents painful range of motion and a positive drop on test and a positive Hawkins test. MRI of the right shoulder indicates possible impingement condition. There is no documentation of rotator cuff tear labral tear. At issue is whether shoulder surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY WITH LABRAL REPAIR, CHRONDOPLASTY, SUBACROMIAL DECOMPRESSION, ACROMIOPLASTY WITH / WITHOUT MINI OPEN ROTATOR CUFF REPAIR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder elbow chapter, ODG shoulder chapter

**Decision rationale:** The patient does not meet established criteria for shoulder surgery at this time. Specifically there is no documentation of a trial and failure of conservative measures for shoulder pain to include a subacromial steroid injection. There is no documentation of physical therapy and the effects of physical therapy for shoulder pain. Also the MRI does not document significant rotator cuff pathology. Established criteria for shoulder surgery not met.