

<b>Case Number:</b>	CM14-0130501		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 California. 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:

A 52 year old female claimant with an industrial injury dated 07/10/13. An exam note 6/5/14 demonstrates right shoulder pain. An exam demonstrates major pain on the labral region on the insertion site for the biceps tendon. Pain is noted on palpation of the rotator cuff with positive impingement test. An exam note 07/24/14 states the patient returns with low back pain radiating down the right leg. The patient also mentions neck pain radiating to the right arm. Current medications include Ibuprofen, Omeprazole, and Ultram. A physical exam demonstrates the patient had tenderness on L2-3, L3-4, and L4-5. The patient had decreased straight leg raise on the right side. The impingement test of the right shoulder was noted as positive. The treatment plan includes a right shoulder arthroscopy. No MRI report of the right shoulder is submitted with the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acromioplasty surgery.

**Decision rationale:** According to the California 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 7/24/14. 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 7/24/14 does not demonstrate evidence satisfying the above criteria. There is no attached MRI report demonstrating evidence of impingement syndrome or rotator cuff pathology. Therefore the determination is for not medically necessary.