

<b>Case Number:</b>	CM14-0144934		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Pennsylvania. 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 claimant is a 49-year-old female who sustained injuries to the bilateral shoulders in a work related accident on 04/05/13. The medical records provided for review document that the claimant is status post left shoulder arthroscopy, subacromial decompression and distal clavicle excision on 04/18/14. The records document that a right shoulder MRI on 08/14/13 showed mild glenohumeral joint effusion with partial thickness undersurface supraspinatus tendon tearing and degenerative changes of the acromioclavicular joint. The progress report of 08/19/14 noted continued complaints of pain in the right shoulder with examination showing mild tenderness over the anterior acromion, restricted range of motion at end points, positive impingement and pain with cross body movements at the acromioclavicular joint. The report documented that the claimant has failed conservative care including physical therapy, a subacromial steroid injection, activity modification and rest. The recommendation is for right shoulder arthroscopy, subacromial decompression and distal clavicle excision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopic Subacromial Decompression and Distal Clavicle Resection:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Partial claviclectomy (Mumford procedure)

**Decision rationale:** Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for Right Shoulder Arthroscopic Subacromial Decompression and Distal Clavicle Resection is recommended as medically necessary. The medical records document that the claimant has failed conservative care including six months of treatment focused on the right shoulder including corticosteroid procedure. Based on the claimant's imaging findings, positive physical examination findings and symptoms to both the subacromial space and acromioclavicular joint, the proposed surgery is recommended. The request is medically necessary.