

<b>Case Number:</b>	CM14-0166474		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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:

This 35-year-old male bakery clerk sustained an industrial injury on 2/5/13. The injury occurred while pulling out a bakery tray. The 8/11/14 treating physician's report cited continued and worsening bilateral shoulder pain. He was unable to perform repetitive pushing, pulling, and overhead reaching. He had difficulty sleeping on his sides. Additional complaints included neck and low back pain with increased frequency of lower extremity radiculopathy symptoms. Right shoulder physical exam documented tenderness to palpation over the greater tuberosity, coracoid process, and acromioclavicular joint. Range of motion was limited to 130 degrees forward flexion and 140 degrees abduction. The patient had positive Neer's, thumbs down, thumbs up, Hawkin's, and cross arm tests. The diagnosis included right shoulder impingement syndrome and bilateral acromioclavicular joint osteoarthritis. The treatment plan requested authorization for right shoulder arthroscopic decompression with Mumford procedure. Records indicated that the request for right shoulder surgery was certified. A separate request was submitted for OPUS anchors and screws (quantity 1 to 8) to possibly be used during the certified right shoulder arthroscopic decompression with Mumford procedure. The 9/5/14 utilization review denied this request for right shoulder implants as there was no evidence based medical guideline support for these items.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urgent Right Shoulder Implants (A) OPUS Anchors/Screws C1713# 1-8: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Impingement Syndrome

**Decision rationale:** The California MTUS and Official Disability Guidelines recommend impingement surgery for patients meeting specific guideline indications. The use of surgical implants, anchors and screws, during impingement surgery (with plausible soft tissue repair) is an accepted part of the repair. Surgical criteria have been met and right shoulder arthroscopic decompression and Mumford procedure has been certified. This request is consistent with the certified surgery and within the purview of the surgeon. Therefore, this request is medically necessary.