

<b>Case Number:</b>	CM14-0168383		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	05/20/2008
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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:

The claimant is a 45 year old gentleman with documented date of injury on 05/20/08. The clinical records provided for review specific to the claimant's right shoulder included the report of an MRI dated 12/23/13 that identified inflammatory findings and insertional tear at the distal aspect of the right supraspinatus and infraspinatus tendon noted to be unchanged from the previous MRI scan of 5/30/12. There was noted to be a signal change to the labrum which was described as a normal variant. There was also evidence of a prior subacromial decompression and excision of the distal aspect of the clavicle. The progress report dated 09/08/14 documented pain relief with a recent corticosteroid injection and course of physical therapy but the claimant was noted to have continued symptoms. Physical examination was not documented in the progress report. The prior physical examination from the progress report dated 07/21/14 did not document tenderness at the acromioclavicular joint but showed positive tenderness at the greater tuberosity, 4/5 strength to the infraspinatus and supraspinatus, and positive impingement testing. At the time of the 09/08/14 assessment, the recommendation was made for right shoulder arthroscopy with labral repair, rotator cuff repair, subacromial decompression, distal clavicle excision, revision and debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right shoulder possible labral repair, possible rotator cuff repair, subacromial decompression, distal clavicle revision, and debridement: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
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**Decision rationale:** Based on the California ACOEM Guidelines, the request for right shoulder possible labral repair, possible rotator cuff repair, subacromial decompression, distal clavicle revision, and debridement cannot be recommended as medically necessary. The medical records document that the claimant has undergone a prior distal clavicle excision and subacromial decompression. The medical records do not document that the claimant has symptoms at the acromioclavicular joint to support the need for further surgery. There would also be no indication for the labral procedures. There is no documentation that the claimant has labral pathology of an acute nature based on the recent MRI of December, 2013. The claimant's clinical picture is consistent with impingement. Operative procedure for impingement has already been performed in the form of decompression. Without documentation of significant change in regards to the claimant's strength or updated imaging demonstrating acute findings, the proposed surgery at this stage in the claimant's clinical course of care to include a distal clavicle excision, which has already occurred, in an individual who is no longer symptomatic at the acromioclavicular joint would not be indicated.