

<b>Case Number:</b>	CM14-0183800		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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; subspecialty includes being Fellowship trained in Pediatric Orthopedics and is licensed to practice in Colorado and Texas. 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 injured worker is a 59-year-old male who reported an injury on 07/31/2013. The mechanism of injury was not provided. On 07/25/2014, the injured worker presented with continued right hand pain and numbness. Diagnoses were right carpal tunnel syndrome rule out left shoulder and right de Quervain's. The notes are handwritten and are largely illegible. On examination, there was positive Speed's, positive drop arm test, and tenderness over the left shoulder joint line. The provider recommended a left shoulder arthroscopy with subacromial decompression and distal clavicle decompression. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left Shoulder Arthroscopy With Subacromial Decompression And Distal Clavicle Decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Diagnostic Arthroscopy

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

**Decision rationale:** The request for left shoulder arthroscopy with subacromial decompression and distal clavicle decompression is not medically necessary. Surgical intervention is considered if there is no evidence in the medical records submitted for review that the injured worker has had conservative treatment of medications, physical therapy, and injections. Also, recent imaging studies of the left shoulder were not submitted for review. Per the documentation submitted for review and referenced guidelines, medical necessity for requested Left Shoulder Arthroscopy With Subacromial Decompression And Distal Clavicle Decompression has not been established.