

<b>Case Number:</b>	CM14-0210419		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	09/22/2005
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas  
 Certification(s)/Specialty: Surgery, Hand Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 56-year-old male with 09/22/05 date of injury. 11/04/14 progress report states that the patient has been symptomatic regarding his left shoulder for a couple of years and symptoms are worsening. The physician states that the patient is unable to sleep at night due to pain and any overhead repetitive activity will cause significant issues. The physician states 10/08/14 MRI shows mild effusion within the left shoulder joint and bursa and increased signal with distal supraspinatus tendon consistent with tendinosis. No rotator cuff tear that was demonstrated and glenoid labra appear intact. However, the physician states that when he looks at the images himself, there is significant downsloping acromion on with rotator cuff impingement. On physical exam, the patient has strongly positive Neer and Hawkins impingement signs, negative O'Brien's and negative empty can testing. Forward flexion and abduction 155 degrees, stiffness felt that the end ranges of motion. Assessment: Weakness and pain of the left shoulder. 09/16/14 progress report states that motor strength is 5/5 in the bilateral shoulders, however at the end of the report to physician states that the patient has weakness with 4/5 strength in forward flexion and abduction, subacromial with tenderness and weakness with isolated rotator cuff and supraspinatus testing of left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated possible distal clavicle resection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, TABLE 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter Surgery for Impingement Syndrome. And on Other Medical Treatment Guideline or Medical Evidence: Iowa Orthop J. 2005; 25: 149-156) (<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1888780>)

**Decision rationale:** The medical necessity for the requested surgical procedure has not been established. The patient presents with clinical manifestations of impingement, however the guidelines require no less than 3 months of conservative treatment and a positive diagnostic injection test. However, the patient has only been described to implement a home exercise program and it is unclear if the patient was instructed in an appropriate way to perform home exercises to strengthen the rotator cuff. There is no evidence of physical therapy treatment to address the symptomatic shoulder, specifically. There also is no evidence that a shoulder injection has been performed. The guideline criteria are not met. Recommend non-certification.

**Associated Surgical Services- Assistant Surgeon: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Services- Twelve sessions Post-op Physical Therapy: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Services- Medical Clearance (CBC, CMP, PT/PTT, HEP PANEL, HIV PANEL, U/A, EKG, CHEST X-Ray,): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Services- Post-Op Sling:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.