

<b>Case Number:</b>	CM14-0216699		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 35-year-old female who reported an injury on 05/05/2008 due to cumulative trauma. The diagnosis was impingement syndrome. The clinical note dated 12/31/2014 noted that the injured worker had complaints of neck and left shoulder pain along with left elbow pain. Medications included diclofenac, Omeprazole, and ondansetron. The injured worker noted that the pain is intermittent and worse with overhead activities and lifting. Examination of the left shoulder noted positive tenderness over the left pectoralis major musculature just under the breast tissue on the anterolateral quadrant. There was a positive Neer's and a positive Hawkins' test. There was painful arc range of motion and greater tuberosity tenderness noted. There was resisted abduction strength of 4/5 and resisted external rotation strength of 4/5. The treatment plan included a shoulder arthroscopy, subacromial decompression, and acromioclavicular joint resection. 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:

**Acromioclavicular joint resection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**Decision rationale:** The request for Acromioclavicular joint resection is not medically necessary. The California MTUS/ACOEM Guidelines state that injured workers with AC joint separation may be treated conservatively. The expected period of pain is 3 weeks with pain gradually decreasing. If pain persists after recovery and return to activities, resection of the outer clavicle may be indicated after 6 months to a year, although local cortisone injections can be tried. There was no documentation of prior conservative treatments the injured worker underwent and the efficacy of those treatments. Additionally, there were no official imaging studies submitted for review. As such, medical necessity has not been established.

**Left shoulder arthroscopy, subacromial decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**Decision rationale:** The request for Left shoulder arthroscopy, subacromial decompression is not medically necessary. The California MTUS/ACOEM Guidelines state that this procedure is not indicated for injured workers with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. Although the injured worker has evidence of left shoulder pain, there was no evidence of the injured worker's failure to respond to initially recommended conservative care and treatment to include physical therapy, injections, and medications. Additionally, official imaging studies of the left shoulder were not provided for review. As such, medical necessity has not been established.