

<b>Case Number:</b>	CM15-0002674		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/17/2006
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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

### 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 60 year old male, who sustained a work related injury on 2/17/06. The diagnoses have included chronic right shoulder pain and right shoulder impingement with supraspinatus tendinopathy. Treatment to date has included previous right shoulder surgery in 2009, right carpal tunnel surgery x 2, cervical spine surgery, MRI right shoulder, and cortisone injections bilateral elbows. Currently, the injured worker complains of right shoulder pain and stiffness, pain and swelling in right elbow. MRI right shoulder 10/10/13 demonstrates supraspinatus tendinopathy, subacromial and subdeltoid bursitis, possible tears of the superior, posterior superior and posterior inferior labrum. Exam note 12/12/14 demonstrates complaints of tingling in the long and ring digits. On 1/2/15, Utilization Review non-certified a request for right shoulder arthroscopy with acromioplasty and debridement, noting there was insufficient documentation to indicate previous physical therapy, medications and injections have failed to improve the injured worker's condition. The California MTUS, ACOEM Guideline, 2004 edition, chapter 9, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with acromioplasty and debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Procedure summary, Revision rotator cuff repair

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Partial Claviclectomy

**Decision rationale:** Based upon the CA MTUS Shoulder Chapter; pages 209-210, recommendations are made for surgical consultation when there are red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for post traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case the exam note from 12/12/14 and the imaging findings from 10/10/13 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the determination is for non-certification.