

<b>Case Number:</b>	CM15-0005669		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Minnesota, Florida  
 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 55 year old female with an industrial injury dated 10/18/2010. The diagnoses included Sprain/strain of the lumbosacral region. Sprain/strain to the right shoulder, carpal tunnel syndrome and neck strain/sprain. The diagnostics included electromyography, magnetic resonance imaging. The treatments were medications, physical therapy and activity modifications. The treating provider's progress note described right shoulder pain made worse with overhead activity, with limited range of motion along with positive impingement signs and sleeplessness due to pain. The UR determination denied request on 12/23/2014 for: Diagnostic Right Shoulder Arthroscopy with subacromial decompression, possible rotator cuff repair, and possible labral repair modified to diagnostic right shoulder arthroscopy with arthroscopic subacromial decompression, citing MTUS Chronic Pain Treatment Guidelines, shoulder complaints, ACOEM chapter 9 and ODG Shoulder chapter, Certified surgery clearance, citing ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic right shoulder arthroscopy with arthroscopic subacromial decompression, possible rotator cuff repair, possible labral repair, surgery clearance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & amp: Thoracic (Acute & amp: Chronic) Chapter; ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211.

**Decision rationale:** The injured worker has clinical findings of impingement syndrome of the right shoulder. MRI scan of the right shoulder dated 1/6/2014 revealed persistent mild tendinopathy of the supraspinatus tendon with no evidence of any new rotator cuff tears identified. There was slight downsloping type II acromion. There was no appreciable labral injury. The diagnosis was right shoulder impingement syndrome. A prior MRI scan of the right shoulder dated 12/29/2010 had revealed tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear evident. There was lateral downsloping of the acromion which resulted in outlet impingement. There was no evidence of a rotator cuff tear or SLAP lesion identified. California MTUS guidelines indicate surgical considerations for activity limitation for more than 4 months plus existence of his surgical region, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. The request for arthroscopy of the shoulder with arthroscopic decompression for impingement syndrome is appropriate and medically necessary. Conservative care has been documented. However, there is no evidence of a rotator cuff tear on 2 imaging studies or on clinical examination. Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of the arm elevation or rotation. The requests for possible rotator cuff repair and possible labral repair will depend upon the operative findings. Medical clearance has already been certified and is not disputed. Based upon the above, the requests for diagnostic arthroscopy and arthroscopic subacromial decompression with possible rotator cuff repair and possible labral repair and medical clearance are supported and as such, the medical necessity is established.