

<b>Case Number:</b>	CM15-0006244		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	01/05/2015
<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: 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 38 year old male, who sustained an industrial injury on 12/30. The mechanism of injury is unclear. The injured worker was diagnosed as having right shoulder sprain/strain, right shoulder tendinitis/impingement syndrome with possible labral tear, lumbar sprain, knee derangement, rotator cuff tear, and lumbosacral strain. Treatment to date has included medications, acupuncture, and magnetic resonance imaging. MRI right shoulder 9/12/14 demonstrates normal rotator cuff. Small labral tear is noted. The request is for right shoulder arthroscopy. The records indicate he reported some relief with acupuncture. Several pages of the medical records were difficult to decipher. On 11/13/2014, he complained of pain and stiffness of the right shoulder. The treatment plan: right shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy:** 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): 209-210. Decision based on Non-MTUS Citation ODG shoulder section, acromioplasty surgery.

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 11/13/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 11/13/14 does not demonstrate evidence satisfying the above criteria. Therefore, the request is not medically necessary.