

<b>Case Number:</b>	CM15-0013635		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/11/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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 34 year old female who sustained an industrial injury on 5/11/13. She complained of right shoulder pain. She has had surgery in 2012 for subacromial Bursoscopy, bursectomy and decompression and made a full recovery without residuals. Treatments for her current injury include steroid injection without effect, physical therapy. Diagnostics include MRI right shoulder demonstrating tendinosis. She currently complains of anterior shoulder pain, headache and cervical pain. Diagnosis is right shoulder pain with tendonosis and biceps tendon involvement. In a progress note dated 12/15/14 the provider notes significant regression regarding the right shoulder and requests to proceed arthroscopically with reevaluation of the right shoulder, debridement versus repair of anything necessary in the shoulder socket followed by tenotomy and subpectoral biceps tendesis. On 12/29/14 Utilization Review non-certified the request for debridement versus repair of the right shoulder arthroscopically citing MTUS/ACOEM: Chapter 9.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Debridement vs. repair of the right shoulder arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Indications for surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 12/15/14. 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 12/15/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for non-certification.