

<b>Case Number:</b>	CM15-0018308		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: New York, New Hampshire, Washington  
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 43 year old male who sustained an industrial injury on February 3, 2012. He has reported right shoulder pain and has been diagnosed with chronic intractable right shoulder pain with MRI evidence of a full thickness tear, chronic left shoulder pain, chronic intractable cervical pain, chronic thoracic myofascial pain, status post right medial and lateral epicondylitis, chronic right shoulder and neck pain, and right ankle sprain. Treatment has included pain medications. Currently the injured worker complains of right shoulder pain and right lower back pain. The treatment plan included medications. On December 30, 2014 Utilization Review non certified 1 right shoulder surgery to include arthroscopic subacromial decompression, mumford procedure, probable debridement of SLAP tear, possible biceps tenodesis and arthroscopic rotator cuff repair citing the ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right shoulder surgery to include arthroscopic subacromial decompression; Mumford procedure, probable debridement of SLAP tear, possible biceps tenodesis and arthroscopic rotator cuff repair.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Shoulder Surgery Page(s): 210, 211. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) Surgery for rotator cuff repair; SLAP lesion surgery and biceps tenodesis; Acromioplasty; Surgery-Partial claviclectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-220.

**Decision rationale:** 43 yr old male with shoulder pain. Medical records do not reveal and recent trial and failure of conservative measures to include pt and injection therapy. More conservative measures needed prior to shoulder surgery. MTUS guidelines for surgery not met. No red flags for shoulder surgery. No clear correlation between MRI and exam showing evidence of rotator cuff complete tear. Surgery not needed at this time.