

<b>Case Number:</b>	CM15-0113101		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/14/2004
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, Indiana, Oregon  
 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 58 year old female who sustained a cumulative industrial injury on 12/14/2004. The injured worker was diagnosed with bilateral shoulder impingement. The injured worker underwent a right shoulder subacromial decompression and distal clavicle resection in 2006. Treatment to date has included diagnostic testing, right shoulder repair, physical therapy, shoulder injections, acupuncture therapy, chiropractic therapy and medications. According to the primary treating physician's progress report on April 27, 2015, the injured worker was re-evaluated. Examination noted a positive impingement sign with tenderness over the leading edge of the acromion. There was no physical examination. Current medications are listed as Celebrex and Percocet. Treatment plan consists of bilateral magnetic resonance imaging (MRI) and the current request for left shoulder arthroscopy and assistant surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of diagnostic shoulder arthroscopy. Per ODG, Shoulder, the criteria to consider diagnostic arthroscopy of the knee are: 1. Conservative Care (medications or PT); 2. Subjective clinical findings; 3. Imaging findings. In this case, there is no recent imaging demonstrating surgical pathology or equivocal findings. Therefore, the request is not medically necessary.

**Associated surgical service: Assistant surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.