

<b>Case Number:</b>	CM15-0114230		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, 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 49 year old female, who sustained an industrial injury on 8/18/09. The injured worker has complaints of bilateral shoulder pain, right is worse than the left and complaints of bilateral wrist pain with numbness and tingling. The documentation noted examination of the cervical spine revealed on palpation there was stiffness, tightness noted at the cervical paravertebrals and trapezius and flexion, extension and side-to-side tilt are somewhat restricted and painful. Thoracic spine had tenderness noted throughout the thoracic and lumbar paravertebrals. Left shoulder examination revealed tenderness noted at the acromioclavicular (AC) joint. Right shoulder examination revealed tenderness noted at the acromioclavicular (AC) joint and tenderness of the medial border of right scapular area. Bilateral elbow examination revealed tenderness noted at the lateral epicondyle of the bilateral elbows. The documentation noted that there is tenderness noted in volar aspect of the wrist bilaterally. The diagnoses have included right shoulder sprain; bilateral lateral epicondylitis and bilateral carpal tunnel. Treatment to date has included left shoulder surgery times two; oxycodone for severe pain; restoril; prilosec; neurontin; lidoderm patch; acupuncture and home exercise program. The request was for Surgery, right shoulder, per 04/06/15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery, right shoulder, per 04/06/15 order: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**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. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. In this case, there is evidence of surgical lesion correlating with the exam of 4/6/15. Based on this the request is not medically necessary.