

<b>Case Number:</b>	CM15-0123279		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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 54 year old female, who sustained an industrial injury on July 1, 2013, incurring injuries to both shoulders. She was diagnosed with bilateral shoulder tendinitis, right shoulder rotator cuff tendinitis, cervical sprain with radiculopathy, cervical spondylosis, right carpal tunnel syndrome, adhesive capsulitis of the left shoulder, right elbow tendinitis and avulsion fracture of the distal thumb. She underwent a left shoulder arthroscopy with intra-articular debridement, decompression and bursectomy in March, 2015, and she underwent a surgical right carpal tunnel release. Treatments included physical therapy, steroid injections and pain medications and work modifications and restrictions. Currently, the injured worker complained of persistent pain with overhead activity and pain radiating from her neck to the right wrist and thumb. She complained of restricted range of motion of the right and left shoulders. The treatment plan that was requested for authorization included right shoulder arthroscopy, subacromial and rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy, subacromial decompression, (Mumford) and possible rotator cuff repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Indications for Surgery - Partial Claviculectomy.

**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:** Based upon the CA MTUS Shoulder Chapter, Pages 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviculectomy, states surgery is indicated for post traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case the exam note from 6/10/15 and the imaging findings from the same do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the request is not medically necessary.