

<b>Case Number:</b>	CM15-0125299		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	03/20/2000
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 64 year old male, who sustained an industrial injury on March 20, 2000. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having moderate to severe chronic cervical and thoracolumbar spine myofascial pain syndrome, moderate bilateral carpal tunnel syndrome, injury of right shoulder, right elbow and left knee and mild to moderate left L5 radiculopathy. Treatment to date has included medial nerve blocks and medications. On May 28, 2015, the injured worker complained of constant pain in his right shoulder and left knee as well as frequent pain and numbness in both hands. He has been having constant neck, upper back and low back pain rated as a 5-7 on a 1-10 pain scale without medications and 1-2 on the pain scale with medications. He stated that he has been getting greater than 60%-80% improvement in both his overall pain and ability to function with his current medications and there has been some improvement in the symptoms in his hands with the median nerve blocks. The treatment plan included arthroscopic surgery to the right shoulder and left knee, bilateral wrist braces and medication. On June 12, 2015, Utilization Review non-certified the request for right shoulder arthroscopy as an outpatient, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy:** Upheld

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

**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, no imaging pathology is documented in the records provided for review from 5/28/15. Based on this, the request is not medically necessary.