

<b>Case Number:</b>	CM15-0172515		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, Oregon, 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(n) 47-year-old female, who sustained an industrial injury on 4-9-14. The injured worker was diagnosed as having right rotator cuff syndrome. The physical exam (3-3-15 through 5-29-15) revealed 7-9 out of 10 pains, right shoulder abduction 30-90 degrees with pain and tenderness at the greater trochanteric region. Treatment to date has included a right shoulder injection on 8-29-14, a right shoulder MRI on 4-21-15 showing tendinosis of the supraspinatus tendon, physical therapy x 6 sessions (completed by 7-10-15 visit), Vicodin, Flexeril and Prednisone. As of the PR2 dated 7-10-15, the injured worker reports right shoulder and right elbow pain. The treating physician noted no tenderness at the acromioclavicular joint. The treating physician requested a right shoulder arthroscopic subacromial decompression so as to remove calcific masses. The Utilization Review dated 8-3-15, non-certified the request for a right shoulder arthroscopic subacromial decompression so as to remove calcific masses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopic subacromial decompression so as to remove calcific masses:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

**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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 7/10/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 7/10/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the determination is not medically necessary.