

<b>Case Number:</b>	CM15-0036691		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 45-year-old male who reported an injury on 04/12/2012. The mechanism of injury was not specifically stated. The current diagnosis is right shoulder impingement. The injured worker presented on 12/22/2014 for an orthopedic consultation with complaints of persistent right shoulder pain. Upon examination of the right shoulder there was 145 degree forward flexion, 40 degree extension, 140 degree abduction, 40 degree adduction, 90 degree external rotation, 60 degree internal rotation, severe supraspinatus tenderness, mild biceps tendon tenderness, moderate greater tuberosity tenderness, subacromial crepitus, moderate AC joint tenderness, and 5/5 motor strength. AC joint compression test and impingement test were also positive. A previous ultrasound study of the right shoulder completed on 10/30/2013 reportedly revealed distal supraspinatus articular surface partial thickness tear with impingement syndrome. The provider indicated that the injured worker was an excellent candidate for an arthroscopic right shoulder decompression with distal clavicle resection and labral and/or rotator cuff debridement. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Coolcare cold therapy unit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Surgi-Stim, initial period of 90 days:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Home continuous passive motion CPM device, initial period for 45 days:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Standard pre-operative medical clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Arthroscopy, Right Shoulder Decompression, Distal Clavicle Resection, Labral and Cuff Debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The California MTUS ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, it was noted that the provider indicated that the injured worker was an excellent candidate for surgical intervention; however, there was no mention of an exhaustion of conservative management to include recent active rehabilitation. There were no official imaging studies provided for this review. Given the above, the request is not medically necessary.