

<b>Case Number:</b>	CM15-0061454		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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, 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 45 year old male, who sustained an industrial injury on 01/17/2014. He reported pain in right side of the neck, right headaches and right upper extremity numbness and tingling in a cervical radicular distribution. Currently, the injured worker complains of constant right shoulder pain. MRI of the right shoulder dated 03/03/2014 showed cuff tendinosis without discrete tear, partially re-synovialized chronic appearing tearing of the biceps labral anchor and moderate inflammatory response across a degenerative acromioclavicular joint. Current medications included Cymbalta, Aspirin and Gabapentin. Diagnoses included cervical disc displacement without myelopathy, degeneration cervical disc, pain in joint shoulder and neck pain. Currently under review is the request for shoulder arthroscopy/surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder arthroscopy/surgery:** Upheld

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

**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:** 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 2/20/15. 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 2/20/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Based on the above, the requested surgery is not medically necessary.