

<b>Case Number:</b>	CM15-0063794		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	08/29/2008
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 42 year old male, who sustained an industrial injury on 08/29/2008. The diagnoses include reactive depression, left knee over use syndrome, left shoulder impingement syndrome, L5-S1 disc displacement with facet arthropathy, chronic intractable pain, left leg paresthasias, right medial meniscus tear with degenerative joint disease, and status post left shoulder arthroscopy with acromioplasty and bursectomy (09/20/2013). Treatment to date has included conservative care, medications, MRIs, left shoulder surgery, and facet blocks. The injured worker presented on 03/12/2015 for a followup evaluation. The injured worker reported 6/10 pain without medication. The current medication regimen includes omeprazole, Norco, Zanaflex, Restoril, and Cymbalta. Upon examination of the bilateral shoulders, there was a minimally positive impingement sign with positive crossed arm sign. There was palpable tenderness over the left acromioclavicular joint. Treatment recommendations at that time included an injection into the left AC joint, as well as a Mumford procedure for the left shoulder. Postoperative physical therapy and durable medical equipment was also requested along with preoperative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASSOCIATED SURGICAL SERVICES - MEDICAL PRE-OP CLEARANCE:** Upheld

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

**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.

**ASSOCIATED SURGICAL SERVICES- ASSISTANT SURGEON:** Upheld

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

**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.

**ASSOCIATED SURGICAL SERVICES: CHEST X-RAY:** Upheld

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

**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.

**LEFT DISTAL CLAVICLE RESECTION:** 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:** California MTUS/ACOEM Practice Guidelines 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, there is no documentation of significant functional deficits upon examination. The physician noted a minimally positive impingement sign and tenderness to palpation. There was no documentation of a significant musculoskeletal deficit. In addition, injured worker was given an injection of Celestone and Marcaine into the left AC joint on the requesting date. The injured worker's response to the

injection would need to be documented prior to the request for a surgical intervention. Given the above, the request is not medically necessary at this time.