

<b>Case Number:</b>	CM15-0073897		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	08/24/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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

### 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 50-year-old male who sustained an industrial injury on 8/27/13. The injured worker reported symptoms in the right shoulder. The injured worker was diagnosed as having internal derangement of right shoulder with torn labrum, lumbar disc disease, and cervical strain, closed head injury with concussion, post-concussion syndrome, cognitive impairment, mood impairment, and post-traumatic stress disorder. Treatments to date have included activity modification. Exam 3/18/15 demonstrates normal strength, sensation and reflexes are normal in the upper and lower extremities. Exam 2/11/15 demonstrates 4/5 supraspinatus and external rotation strength. Tenderness is noted posterior. Currently, the injured worker complains of right shoulder pain. The plan of care was for surgical intervention and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder surgery (surgical procedure type unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation ODG shoulder section, acromioplasty surgery.

**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 2/11/15. 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 2/11/15 does not demonstrate evidence satisfying the above criteria. Therefore, the determination is not medically necessary.