

<b>Case Number:</b>	CM15-0092700		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 40 year old male with an industrial injury dated 06/04/2013. The injured worker's diagnoses include cervical herniated nucleus pulposus of C5-6 with right radiculopathy, right shoulder radiculopathy, and right shoulder posttraumatic arthrosis of the acromioclavicular joint, severe. Treatment consisted of diagnostic studies, prescribed medications, acromioclavicular joint (AC) joint injection and periodic follow up visits. In a progress note dated 03/19/2015, the injured worker reported mild to moderate shoulder pain and mild neck pain. Shoulder exam revealed decrease right shoulder range of motion with pain. The treating physician prescribed services for partial distal claviclectomy with possible rotator cuff repair and right shoulder diagnostic arthroscopy, arthroscopic subacromial decompression now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Partial Distal Claviclectomy with possible Rotator Cuff Repair: Upheld**

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

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

**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. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. In this case there is no imaging suggesting a rotator cuff tear as there is no MRI submitted. Based on this, the MTUS guidelines are not met and the request is not medically necessary.

**Right Shoulder, Diagnostic Arthroscopy, Arthroscopic Subacromial Decompression:**

Upheld

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

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

**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. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. In this case there is no imaging suggesting subacromial pathologies as there is no MRI submitted. Based on this, the MTUS guidelines are not met and the request is not medically necessary.