

<b>Case Number:</b>	CM15-0092917		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 51-year-old female, who sustained an industrial injury on 9/24/2013. She reported left shoulder pain. The injured worker was diagnosed as having left shoulder sprain/strain with degenerative joint disease. Treatment to date has included injections, medications, and evaluations. The request is for left shoulder arthroscopy. On 12/5/2014, she reported increased left shoulder pain. On 1/16/2015, she reported increased left shoulder pain. She rated her pain 7/10. On 2/23/2015, she was seen for neck, low back and left hand pain after a motor vehicle accident. On 3/13/2015, she complained of left shoulder pain. Examination revealed positive impingement test, and abduction range of motion 130 degrees. The treatment plan included: left shoulder surgery. The records contain several handwritten pages, which are difficult to decipher. Several pages of the medical records refer to the motor vehicle accident and treatment for neck, low back, and left hand pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**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 MRI documenting a surgical lesion. The request is not medically necessary.