

<b>Case Number:</b>	CM15-0098453		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	5/23/2005
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 58 year old female, who sustained an industrial injury on 5/23/2005. Diagnoses include cervical region disc disorder, cervical radiculitis, sprain/strain unspecified site of bilateral shoulder and upper arm, bilateral shoulder impingement, lumbago and lumbar radiculitis. Treatment to date has included surgical intervention (left shoulder undated) and medications including Norco. Per the Primary Treating Physician's Progress Report dated 2/23/2015 the injured worker reported bilateral shoulders, hands, wrists, legs, ankles, calves, knees feet and lumbar pain. Pain is rated as 7/10 and is 10 at its worst and 5 at its best. Physical examination revealed restricted range of motion of the left shoulder and tenderness to the deltoid. The plan of care included medications and surgical intervention and authorization was requested for right shoulder arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 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 evidence in the record provided that the right shoulder has imaging studies documenting a surgical lesion. Based on this the request is not medically necessary.