

Case Number:	CM13-0035930		
Date Assigned:	12/13/2013	Date of Injury:	06/16/2010
Decision Date:	02/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old am who reported an injury on 06/16/2010, due to cumulative trauma while performing normal job duties. The patient reportedly sustained injuries to the bilateral shoulders, elbows, wrists, and hands. The patient's surgical history included left ulnar nerve transposition. The patient received conservative therapy for the left shoulder to include activity modification, medications, physical therapy, and injections that provided only temporary relief. The patient underwent an MRI of the left shoulder that revealed degenerative disease of the acromioclavicular joint with associate electrodiagnostic distal clavicle spur and no evidence of a rotator cuff. The patient's most recent clinical examination revealed tenderness to palpation of the bicipital groove and acromioclavicular joint, with a positive impingement test and a positive Speed's test to the left shoulder. Range of motion was described as 170 degrees in abduction, and 170 degrees in forward flexion. The patient's diagnoses included shoulder acromioclavicular joint arthritis and impingement syndrome. The patient's treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, Shoulder, Surgical: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested arthroscopy, shoulder, surgical is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for patients who have clear clinical and imaging findings of a condition that would benefit from surgical intervention and has failed to respond to conservative measures. The clinical documentation submitted for review does provide evidence that the patient has had persistent shoulder pain that has not adequately responded to conservative measures to include active therapy, injections, and activity modifications. The clinical documentation submitted for review does provide evidence that the patient has an imaging study that supports degenerative joint disease of the acromioclavicular joint, and evidence of impingement. As the patient would benefit from surgical intervention and has exhausted all lower levels of care, the requested arthroscopy, shoulder, surgical would be medically necessary and appropriate.

Distal Claviclectomy including distal articular surface: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Partial claviclectomy (Mumford procedure)

Decision rationale: The requested distal claviclectomy, including distal articular surface, is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention when there are clinical and imaging findings of a lesion that would benefit from surgical intervention that has failed to respond to conservative treatment. The clinical documentation submitted for review does provide evidence, both with clinical findings and imaging findings that the patient has significant degenerative joint disease of the acromioclavicular joint causing activity limitations and joint pain that would benefit from surgical intervention. Official Disability Guidelines specifically recommend this surgery when the patient has failed to respond to conservative care, has pain at the acromioclavicular joint, tenderness to palpation over the acromioclavicular joint, and temporary pain relief obtained from a diagnostic aesthetic injection. Official Disability Guidelines recommend an imaging study to support degenerative joint disease of the acromioclavicular joint. The patient's clinical findings do indicate that the patient has tenderness to palpation over the acromioclavicular joint and pain with range of motion that received temporary relief from a diagnostic anesthetic injection. Therefore, a partial claviclectomy would be supported. As such, the requested distal claviclectomy, including distal articular surface, is medically necessary and appropriate.