

Case Number:	CM13-0037266		
Date Assigned:	12/13/2013	Date of Injury:	12/03/2009
Decision Date:	02/28/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/27/2013

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 and 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 51-year-old male who reported an injury on 12/03/2009 after he fell from a tree. The patient was initially diagnosed with a comminuted midshaft clavicle fracture that required surgical intervention. The patient was treated post surgically with physical therapy, medications and injections. The patient underwent an MRI of the right shoulder that revealed supraspinatus tendonitis, a down sloping of the acromion process and hardware related to a clavicular fracture. The patient's most recent clinical evaluation revealed that the patient had continued pain complaints of the right shoulder. The patient's diagnoses included a superior glenoid labrum lesion of the left should and status post closed fracture of the clavicle. The patient's treatment plan included the continuation of a home exercise program and additional injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

right clavicle hardware removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor, and the Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp, 2nd Edition) Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/Work Loss Data Institute

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, Hardware implant removal

Decision rationale: The requested right clavicle hardware removal is not medically necessary or appropriate. The Official Disability Guidelines recommend hardware removal for patients who have persistent pain when all other pain generators have been ruled out. The clinical documentation submitted for review does not provide any recent assessments of the right shoulder to support the patient's pain complaints. Additionally, other pain generators, such as infection, have not been ruled out. Therefore, removal of the right clavicle hardware would not be indicated. As such, the requested right clavicle hardware removal is not medically necessary or appropriate.