

Case Number:	CM13-0044963		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2010
Decision Date:	10/23/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/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:

This 37-year-old female sustained an industrial injury on 10/21/10. The mechanism of injury was not documented. Past surgical history was positive for a right shoulder decompression with acromioplasty and distal clavicle excision and rotator cuff debridement. The date of this surgery was not documented. The 10/17/13 treating physician report cited improved right shoulder pain with associated weakness and swelling. Right shoulder range of motion testing demonstrated forward flexion 130 and external rotation 60 degrees with internal rotation to the lumbar spine. There was a positive Neer impingement sign with positive painful arc and drug sign. Supraspinatus strength was 4+/5. There was tenderness over the acromioclavicular joint with positive abduction report. MRI findings were reported positive for a labral tear and negative for rotator cuff problems. A subsequent 8/4/14 treating physician report indicated the patient had continued right shoulder pain and had failed conservative treatment. Physical exam documented right shoulder range of motion flexion 90, external rotation 20, and internal rotation 0 degrees. There was positive impingement sign, shrug sign, and arc of pain. Supraspinatus and external rotation strength was 4+/5. There was right acromioclavicular joint tenderness and adduction test was positive. The patient was status post right subacromial decompression with modified distal clavicle excision and was diagnosed with right shoulder labral tear, chronic pain syndrome, and chronic narcotic dependency. Surgery was recommended. The submitted records indicated that the patient underwent right shoulder distal clavicle excision, subacromial decompression, debridement, and synovectomy on 8/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY W EXCISION DISTAL CLAVICLE,
DEBRIDEMENT LABRAL TERAL, POSSIBLE LYSIS OF ADHESIONS: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for SLAP lesions, Partial claviclectomy

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, positive diagnostic injection, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Criteria for SLAP tear repair include 3 months of conservative treatment, age under 50 years, and history and physical exam and imaging indication labral pathology. Guideline criteria have not been met. There was no imaging evidence provided for review. There is no documentation of a diagnostic injection test. Evidence of 3 month(s) of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

PHYSICIAN ASSISTANT (PA) ASSIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule

Decision rationale: As the surgical request is not supported, this request is not medically necessary.