

Case Number:	CM13-0057603		
Date Assigned:	01/31/2014	Date of Injury:	08/27/2012
Decision Date:	05/23/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic 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:

The claimant is a 43-year-old female who was injured in a work related accident on August 27, 2012. There is noted to be current complaints of right shoulder pain. A January 27, 2014 follow-up indicated shoulder tendinosis and impingement diagnosis with subjective complaints of ongoing pain with activity. Physical examination showed tenderness anteriorly, pain over the acromioclavicular joint, loss of active motion, positive Neer and Hawkins testing and painful cross body maneuvers. There was weakness with isolated supraspinatus testing. Based on failed conservative care, operative intervention in the form of a right shoulder arthroscopy, decompression, labral debridement, distal clavicle excision was recommended for further definitive care. Preoperative imaging reviewed from July 23, 2013 showed a SLAP tear to the glenoid labrum with no evidence of further osseous or rotator cuff findings. Conservative care was noted to have included medication management and physical therapy. A corticosteroid injection was recommended but declined by the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy subacromial decompression, labral debridement, and excision distal clavicle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, Postsurgical Treatment Guidelines. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure - Partial claviclectomy (Mumford procedure).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the acute need for right shoulder arthroscopy, decompression, labral debridement and distal clavicle excision would not be indicated. The claimant's clinical imaging failed to demonstrate any evidence of rotator cuff pathology or acromioclavicular joint findings to necessitate the acute need of distal clavicle excision or decompressive procedure. While there was noted to be a SLAP tear, the specific surgical request would not address those clinical complaints. When this is coupled with the claimant's lack of documented conservative measures including no indication of previous corticosteroid procedure or injection, the specific request for surgical process cannot be supported. The right shoulder arthroscopy subacromial decompression, labral debridement, and excision distal clavicle is not medically necessary and appropriate.