

Case Number:	CM13-0059594		
Date Assigned:	12/30/2013	Date of Injury:	04/04/2012
Decision Date:	04/14/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 patient is a 40-year-old gentleman who sustained an injury to his left shoulder in a work related accident on 04/04/12. The clinical records available for review included an MRI scan of August 2012 that showed an acromioclavicular joint hypertrophy without rotator cuff findings. No impingement was noted. A recent clinical assessment dated 11/04/13 noted ongoing complaints of shoulder pain despite conservative care. Physical examination was documented to show restricted forward flexion and abduction to 90 degrees, equivocal impingement testing and a working diagnosis of acromioclavicular joint arthritis and tendinosis of the rotator cuff. Conservative measures included corticosteroid injections, therapy, activity modifications, and anti-inflammatory agents with continued complaints. The recommendation was made for surgical arthroscopy with a left distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPIC SURGERY WITH DISTAL RESECTION OF CLAVICLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Shoulder.

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

Decision rationale: Based on California ACOEM 2004 Guidelines and supported by the Official Disability Guidelines, the request for left shoulder arthroscopic surgery w/ distal resection of clavicle cannot be recommended as medically necessary. At present, while the claimant has isolated clinical findings as well as imaging findings of the AC joint, there would be no current indication for the proposed surgery cannot be supported from a diagnostic or therapeutic point of view. The claimant's MRI findings do not have any evidence of rotator cuff pathology or impingement. The isolated role of the distal clavicle excision for this individual based on the current clinical presentation is not medically necessary.