

Case Number:	CM13-0061807		
Date Assigned:	06/09/2014	Date of Injury:	04/01/2010
Decision Date:	07/28/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

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:

This 38-year-old female sustained an industrial injury on 4/1/10. Gradual onset of left shoulder pain was reported lifting pallets at a winery. The 3/2/12 left shoulder MRI impression documented an os acromiale with hypertrophic changes in the acromioclavicular (AC) joint that appeared to result in impingement of the supraspinatus muscle. There was minimal fluid accumulation in the subacromial subdeltoid bursa with no evidence of acute rotator cuff tear. History and clinical exam suggested a biceps labral tear. The patient underwent examination under anesthesia of the left shoulder with arthroscopy and labral debridement on 2/20/13. She developed adhesive capsulitis and underwent manipulation under anesthesia of the left shoulder on 5/1/13 with restoration of full range of motion. The 10/1/13 treating physician note documented continued left shoulder pain aggravated on combined forward flexion and abduction. Range of motion was full and there was no impingement. Os acromiale was opined as the source of pain and a bone scan was ordered. The 10/14/13 three phase bone scan findings were indicative of minimal arthritic change in the acromial region, no likely indicative of significant localized skeletal pathology. A therapeutic left shoulder injection was performed on 11/15/13 under fluoroscopic guidance into the left AC joint with 100% relief of symptoms for 2 hours. The 11/19/13 treating physician note cited a positive diagnostic injection confirming pain originating in the os acromiale. Authorization for left shoulder examination under anesthesia, arthroscopy and either partial acromiectomy or open reduction and internal fixation and possible bone grafting to the acromion depending on the findings at the time of surgery was requested. The 11/25/13 utilization review modified the request for left shoulder arthroscopy with partial acromiectomy or open reduction and internal fixation and possible bone grafting to the acromion to a left shoulder diagnostic arthroscopy to determine the source of pain. The 12/2/13 appeal letter stated that the patient underwent original surgery for an obvious biceps

labral complex tear which has gotten better. Review of the films with the radiologist demonstrated a large element of unhealed secondary growth plate (os acromiale) which is much wider on the medial versus lateral side. To simply go in and scope the shoulder would not address anything. Her problem is a flare-up of an ununited os acromiale which needs to be addressed with an arthroscopy and open procedure with screws to the os acromiale.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH PARTIAL ACROMINECTOMY OR OPEN REDUCTION AND INTERNAL FIXATION AND POSSIBLE BONE GRAFTING TO THE ACROMION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic).

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: Ortiguera CJ, Buss DD, Surgical management of the symptomatic os acromiale. J Shoulder Elbow Surg. 2002 Sep-Oct;11(5):521-8.

Decision rationale: The California MTUS, Official Disability Guidelines, and National Guideline Clearinghouse do not address surgery for os acromiale. Current peer-reviewed literature suggests that initial treatment of symptomatic os acromiale include physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and subacromial cortisone injections. Surgical intervention is reserved for patients who do not respond to non-operative treatment. Treatment options include open fragment excision, open reduction and internal fixation, and arthroscopic decompression. Guideline criteria have been met. This patient presents with persistent left shoulder pain precluding return to full duty work. Imaging evidence documents a large element of unhealed secondary growth plate (os acromiale) which is much wider on the medial versus lateral side. Conservative treatment, including physical therapy, NSAIDs, and cortisone injections, has failed. Diagnostic injection for os acromiale is reported positive. The requested procedure is consistent with peer-reviewed literature recommendations. Therefore, this request for left shoulder arthroscopy with partial acrominectomy or open reduction and internal fixation and possible bone grafting to the acromion is medically necessary.