

<b>Case Number:</b>	CM13-0064968		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 46-year-old gentleman who sustained a left shoulder injury on March 8, 2010. A September 26, 2013 report of an MRI of the left shoulder showed rotator cuff tendinosis, with mild acromioclavicular (AC) joint degenerative change and hypertrophy. No labral pathology was documented. A December 9, 2013, follow-up with [REDACTED] indicated continued complaints of shoulder pain. He noted that the claimant had a history of a right subacromial decompression and distal clavicle excision from August 15, 2011. His physical examination showed positive impingement with AC joint tenderness, pain with cross body abduction and full range of motion. [REDACTED] noted that the claimant has received no significant benefit from conservative treatment to date. This request is for decompression and AC joint resection of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) LEFT SHOULDER AND DEBRIDEMENT, OPEN ACROMIOCLAVICULAR (AC) RESECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210 , 211. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER (ACUTE & CHRONIC)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT IN WORKER'S COMPENSATION, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - PARTIAL CLAVICULECTOMY (MUMFORD PROCEDURE)

**Decision rationale:** The MTUS/ACOEM Guidelines do not recommend the need for a decompressive procedure for individuals with mild symptoms or those with no current activity limitations. The Official Disability Guidelines indicate that one of the criteria for partial claviclectomy include post- traumatic changes of the acromioclavicular (AC) joint, severe degenerative joint disease (DJD) of the AC joint, or complete or incomplete separation of AC joint according to conventional films. The imaging reports identify only mild changes to the AC joint, with physical examination findings demonstrating no evidence of restricted motion or weakness. The request for the surgical procedure of decompression and distal clavicle excision is not medically necessary.

**1 PRE-OP EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.