

<b>Case Number:</b>	CM13-0066722		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 was injured on October 2, 2012. Clinical records specific to the claimant's left shoulder include a November 5, 2013 orthopedic assessment indicating continued pain of both neck and shoulder pain with examination showing the left shoulder to be with positive impingement testing, adequate motor strength and no other formal findings. An August 23, 2013 left shoulder MRI showed mild supra, infra and subscapularis tendinosis with no tearing to the rotator cuff. There was mild acromioclavicular joint osteoarthritis. A November 7, 2013 orthopedic follow-up showed continued complaints of pain with objective findings of continued tenderness at the acromioclavicular joint, pain with cross body abduction and positive impingement. Based on the diagnoses of symptomatic impingement and acromioclavicular joint arthritis, treatment was recommended in the form of surgical arthroscopy with subacromial decompression and acromioclavicular joint resection. Previous treatment provided on November 7, 2013 included a corticosteroid injection with no relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE REQUEST FOR LEFT SHOULDER SUBACROMIAL DECOMPRESSION EXCISION DISTAL CLAVICLE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure - Partial Claviclectomy (Mumford Procedure).

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, surgical process to include a subacromial decompression and excision of the distal clavicle would not be indicated. The claimant's clinical imaging is supportive of mild tendinosis and mild degenerative change to the acromioclavicular joint. When coupled with Guideline criteria that would recommend the role of three to six months of conservative care including injection therapy prior to procedure, the acute need of surgical intervention as outlined would not be supported. This individual received an injection on November 7, 2013 with no documentation of its benefit or follow-up records available. Coupled with the claimant's underlying diagnoses of cervical injury for which she is status post a multilevel fusion and continues to be with residual symptoms, the acute need of operative intervention has not been established. Therefore, the request is not medically necessary and appropriate.