

Case Number:	CM14-0000984		
Date Assigned:	01/10/2014	Date of Injury:	06/28/2000
Decision Date:	06/12/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 51-year-old female who injured the right upper extremity on 06/28/00. The records indicate that the right upper extremity has undergone multiple prior carpal tunnel procedures as well as a right shoulder arthroscopy, distal clavicle resection and subacromial decompression in 2011. The report of an updated 11/11/13 right shoulder MR arthrogram identified the prior rotator cuff repair with no indication of recurrent tearing. There was evidence of degenerative findings at the labrum and a prior subacromial decompression was noted. There was also documentation of a prior biceps tenodesis performed. No other acute findings were noted. Following the MR arthrogram on 12/09/13 it was noted that the claimant had continued complaints of pain in the shoulder and documented that recent treatment included medication management and physical therapy. Physical exam showed restricted motion to 130 degrees of forward flexion, acromioclavicular joint tenderness and positive impingement testing. Based on clinical findings, recent imaging and failed conservative care, a revision right shoulder arthroscopy with subacromial decompression and debridement, revision AC joint resection and rotator cuff and labral pathology was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT DECOMPRESSION, DEBRIDEMENT, DISTAL CLAVICLE EXCISION, POSSIBLE LABRAL REPAIR, POSSIBLE RCR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation ODG TWC 2013 Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure, Partial Claviclectomy.

Decision rationale: Based on California MTUS ACOEM Guidelines and supported by Official Disability Guidelines, the request for revision decompression, debridement, distal clavicle excision with possible labral and rotator cuff repair would not be indicated. This individual's clinical imaging is consistent with prior rotator cuff repair with no documentation of recurrent full thickness tearing or indication for the need of a second subacromial decompression or distal clavicle excision. When reviewing the claimant's recent conservative care, there is a lack of documentation of treatment with injection therapy having been performed. ACOEM Guidelines in regards to decompression only indicate the need for operative intervention if six months of conservative care including prior injections have taken place. Given the previous surgery to this claimant's shoulder already noted in 2011, no acute MRI findings and no recent evidence of a corticosteroid injection, the proposed surgical request would not be supported.