

<b>Case Number:</b>	CM14-0001366		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	12/26/2010
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 51-year-old male who reported an injury on 12/26/2010. The mechanism of injury is not provided for review. Evaluation dated 10/07/2013, documented that the injured worker had constant right shoulder pain interfering with his ability to reach above the level of his shoulder. Range of motion was described as 90 to 100 degrees in shoulder elevation with 4+/5 motor strength of the right shoulder abductor. Diagnoses included grade 4 right acromioclavicular joint separation with ligament disruption (MRI confirmed), mild supraspinatus tendinosis (MRI confirmed), chronic myofascial pain syndrome, cervical disc protrusions, and status post bilateral carpal tunnel release surgery. A request was made for a right acromioclavicular joint open reduction and internal fixation on 10/22/2013. The patient was evaluated on 11/11/2013, it was documented that the request for surgery was based on an orthopedic surgeon's evaluation. This evaluation was not provided for review. An additional request for authorization for right shoulder surgery was made on 12/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT ACROMIOCLAVICULAR JOINT OPEN REDUCTION AND INTERNAL FIXATION (ORIF): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 210.

**Decision rationale:** The MTUS/ACOEM Guidelines supports surgical intervention for the shoulder when there are clear physical findings supported by an imaging study of a lesion that has failed to respond to conservative treatments and would benefit from surgical intervention. The clinical documentation submitted for review does indicate that patient has an acromioclavicular joint separation. However, an evaluation from the orthopedic surgeon making the recommendation was not provided. Additionally, there was no imaging evidence to support the need for a surgical intervention. Also, there is no documentation that the injured worker has failed to respond to any conservative treatments. The need for surgical intervention is not clearly supported. Therefore, the request for right Acromioclavicular joint open reduction and internal fixation (ORIF) is not medically necessary and appropriate.