

<b>Case Number:</b>	CM14-0002069		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 injured worker is a 39-year-old female who reported an injury on 10/24/2011. The mechanism of injury was the injured worker tripped on a tree root and fell on her left knee and extended both hands to break her fall. The injured worker underwent an MRI of the left shoulder on 09/13/2013, which showed moderate degenerative changes at the AC joint and no atrophy or retraction of the rotator cuff components. Additionally, it indicated the injured worker had mild to moderate tendinopathy and mild down-sloping, but no hooking or subacromial enthesophyte. The documentation of 11/07/2013 indicated the injured worker had ongoing left shoulder pain. It was indicated the front to back of the left shoulder remained tender to palpation on the left AC joint. The diagnoses included sprain of the left AC joint with chronic pain, secondary to injury and fall. The recommendation was for a diagnostic arthroscopy of the left shoulder with an excision of the distal left clavicle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAGNOSTIC ARTHROSCOPY OF THE LEFT SHOULDER WITH SUBACROMIAL DECOMPRESSION AND EXCISION OF DISTAL CLAVICLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 211.

**Decision rationale:** ACOEM Guidelines indicate that surgery for impingement syndrome is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, should be carried out for at least 3 to 6 months before considering surgery. Because the diagnosis is not a continuum with other rotator cuff conditions, including rotator cuff syndrome and rotator cuff tendinitis, there should be findings of impingement on MRI. As they do not specifically address diagnostic arthroscopy, secondary guidelines were sought. The Official Disability Guidelines indicate diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. As such, a diagnostic arthroscopy would not be supported. Official Disability Guidelines indicate a partial claviclectomy, is appropriate when there has been documentation of at least 6 weeks of care directed toward symptomatic relief prior to surgery and pain at the AC joint, aggravation of pain with shoulder motion or carrying weight, and tenderness over the AC joint and/or pain relief with a diagnostic anesthetic injection. There should be documentation of conventional films showing either posttraumatic changes of the AC joint or severe DJD of the AC joint. There was documentation the injured worker had pain, however, there was a lack of documentation of pain at the AC joint, and aggravation of pain with shoulder motion or carrying weight, and tenderness over the AC joint and/or pain relief with a diagnostic anesthetic injection. It was indicated the injured worker had objective findings upon the MRI. There was a lack of documentation of the duration and type of conservative care that was participated in by the patient. Given the above, the request for a diagnostic arthroscopy of the left shoulder with subacromial decompression and excision of distal clavicle is not medically necessary.