

Case Number:	CM14-0006759		
Date Assigned:	02/07/2014	Date of Injury:	05/24/2012
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/18/2014

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 Orthopaedic 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:

This 36-year-old male forklift driver sustained an industrial injury on May 24, 2012. Injury was sustained when he was standing on a ladder pressurizing totes with nitrogen and one of the totes exploded. The metal cap flew off and struck him in the arms and face and the force of the blast caused him to fall off the ladder and land on his back. A piece of metal shrapnel was lodged in his neck near the jugular vein and he underwent surgery for removal. The June 9, 2013 right shoulder MRI impression documented mild degenerative changes of the acromioclavicular joint with a small quantity of subacromial and subdeltoid fluids. There were no tendon or labral tears. The August 5, 2013 bilateral shoulder x-rays demonstrated mild narrowing of the acromioclavicular joint. The November 25, 2013 treating physician progress report cited complaints of grade 9/10 left shoulder pain with weakness, popping, and burning, worse with overhead activity. Symptoms had not responded to conservative treatment, including physical therapy, chiropractic care, acupuncture, anti-inflammatory medications, and cortisone injections x 2. Left shoulder range of motion was limited in flexion to 160 degrees and internal/external rotation to 80 degrees. The physical exam findings documented 4/5 motor function and positive impingement signs. The diagnosis was left shoulder acromioclavicular joint osteoarthritis. The treatment plan recommended left shoulder arthroscopy, possible subacromial decompression and distal clavicle excision. The December 23, 2013 progress report was essentially unchanged. The December 27, 2013 utilization review recommended modification of the left shoulder arthroscopy with possible subacromial decompression and distal clavicle excision, and denied the request for distal clavicle excision as guideline criteria were not met for partial claviclectomy. The utilization review documented 3 prior adverse determinations based on inadequate documentation of conservative treatment, lack of physical exam findings, and few findings on MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY LEFT SHOULDER ARTHROSCOPY SUBACROMIAL DECOMPRESSION AND DISTAL CLAVICLE EXCISION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Partial Claviculectomy (Mumford Procedure), Surgery for Impingement Syndrome.

Decision rationale: Under consideration is a request for left shoulder arthroscopy, subacromial decompression and distal clavicle excision. The California MTUS Guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines for acromioplasty generally require 3 to 6 months of conservative treatment, and subjective, objective, and imaging clinical findings consistent with impingement. Guideline criteria for partial claviculectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have been met. Records indicate that this patient has had on-going symptomatology for over a year and has failed reasonable conservative non-operative therapy, including two cortisone injections. There is significant pain with functional limitations precluding work ability. Imaging findings note AC joint osteoarthritis and a plausible competent source of persistent impingement syndrome. The December 27, 2013 utilization review certified the left shoulder arthroscopy with subacromial decompression. The distal clavicle excision was denied. Guideline criteria for claviculectomy have been met. There is a compelling reason to support the medical necessity of the distal clavicle excision in addition to that already certified. Therefore, this request for left shoulder arthroscopy subacromial decompression and distal clavicle excision is medically necessary.