MAXIMUS Federal Services

Case Number:	CM14-0014765		
Date Assigned:	02/28/2014	Date of Injury:	05/09/2013
Decision Date:	08/06/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/05/2014

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 patient is a 34-year-old male who has submitted a claim for Cervical Spine Strain and Left Shoulder Impingement associated with an industrial injury date of May 9, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left shoulder subacromial pain and distal clavicle pain aggravated with any attempt at lifting, reaching, and pushing activities. On physical examination, there was decreased range of motion of the left shoulder on all planes. There was weakness of left shoulder abduction and external rotation. Neer's, Hawkins, and Jobe's impingement signs were positive. Subacromial bursal tenderness was noted. AC joint stress test was positive. Sensation and pulses were intact. MRI of the left shoulder dated July 18, 2013 revealed a very subtle downward curvature of the acromion compatible with a type II configuration with no visible rotator cuff or labral tear and normal acromioclavicular joint, ligament, and subacromial bursa. Treatment to date has included medications, physical therapy, home exercise program, and subacromial cortisone injection.Utilization review from January 7, 2014 denied the request for Left Arthroscopic Acromioplasty and Distal Clavicle Resection because the clinical findings revealed no evidence of rotator cuff tendinosis, partial tear or bony impingement, and no acromioclavicular changes that would justify the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ARTHROSCOPIC ACROMIOPLASTY AND DISTAL CLAVICLE RESECTION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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

Decision rationale: CA MTUS does not specifically address arthroscopic decompression (acromioplasty). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that acromioplasty for impingement syndrome may be considered medically necessary when all of the following criteria are met: (1) conservative care for 3 to 6 months; (2) subjective findings of pain with active arc motion and pain at night; (3) objective findings of weak abduction, tenderness over the rotator cuff, and positive impingement sign; and (4) imaging findings showing positive evidence of impingement. Mumford procedure is indicated with AC joint arthropathy. In this case, the records stated that the patient had extensive conservative treatment, all of which only gave temporary relief. The records also showed subjective findings of pain with active arc motion. The records further revealed objective findings of impingement. Imaging findings demonstrate type II acromion, a pathoanatomic feature highly-correlated with impingement syndrome. Overall, the patient has compelling clinical history, physical exam, and imaging evidence of left shoulder impingement w/ AC arthroisis that has failed appropriate conservative treatment. Therefore, the request for Left Arthroscopic Acromioplasty and Distal Clavicle Resection is medically necessary.