

Case Number:	CM14-0016853		
Date Assigned:	04/11/2014	Date of Injury:	08/18/2009
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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, a 47-year-old female, sustained injuries to her left shoulder and neck on August 18, 2009. The clinical records provided for review include a November 17, 2011, an MRI report showing moderate rotator cuff tendinosis, with no indication of full thickness tearing and a degree of underlying degenerative change at the acromioclavicular joint. The records also document that the prior conservative care has included subacromial injections performed in 2011 and 2013. The records also reference treatment with physical therapy, acupuncture and medications, as well as treatment for the claimant's cervical spine. A progress reported dated January 14, 2014, noted continued complaints of left shoulder pain with pain that radiates into the hand. Physical examination showed tenderness of the rotator cuff upon palpation and no motor weakness or restricted range of motion. This request is for shoulder arthroscopy with distal clavicle resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LEFT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION AND DISTAL CLAVICLE RESECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, 18th Edition, 2013 Updates: shoulder procedure - Partial claviclectomy (Mumford procedure).

Decision rationale: Based on the MTUS/ACOEM Guidelines and supported by Official Disability Guidelines, the request for shoulder arthroscopy, subacromial decompression and distal clavicle excision would not be supported in this case. The claimant was injured five (5) years ago. The reviewed records provide only sporadic documentation of conservative treatment measures. The MTUS/ACOEM Guidelines indicate that surgery would be recommended following three to six (3-6) months of conservative care, including recent injection therapy, and when imaging findings are positive. The Official Disability Guidelines indicate that the criteria for a partial claviclectomy include: 1. Conservative Care: At least six (6) weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.); 2. Subjective Clinical Findings: Pain at the acromioclavicular (AC) joint; aggravation of pain with shoulder motion or carrying weight, or previous Grade I or II AC separation; 3. Objective Clinical Findings: Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan), and/or pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial; and 4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint, severe degenerative joint disease (DJD) of the AC joint, or complete or incomplete separation of AC joint, and a bone scan that is positive for AC joint separation. With no recent imaging available and no documentation of objective findings, this request is not established under the guideline criteria as medically indicated.