

Case Number:	CM14-0019136		
Date Assigned:	04/23/2014	Date of Injury:	12/01/2011
Decision Date:	07/03/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 reported an industrial injury on 12/1/11. Exam notes from 4/9/13 demonstrate neck pain and right shoulder pain. Examination demonstrates positive impingement signs on the right shoulder. Request for right shoulder arthroscopic distal clavicle resection. MRI right shoulder 2/17/12 demonstrates moderate proliferative changes noted with partial intrasubstance tear seen at the supraspinatus tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder arthroscopy and distal clavicle resection as requested on 4/9/13. According to the ODG criteria there must be evidence of conservative care for at least 6 weeks which is not present in the records. In addition, the MRI should demonstrate posttraumatic changes or separation of the AC joint. This is not present in

the MRI report of the shoulder from 2/17/12. Therefore the request for right shoulder arthroscopic surgery is not medically necessary and appropriate.