

Case Number:	CM14-0128862		
Date Assigned:	08/18/2014	Date of Injury:	08/27/2013
Decision Date:	09/12/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/13/2014

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:

This is a 51 year-old female laborer who sustained a vocational injury on 08/27/13. The medical records provided for review include the report of the orthopedic qualified medical examination on 06/11/14 that noted complaints of left shoulder, left elbow, left wrist and hand, neck and left hip area. Physical examination of the neck revealed decreased range of motion, no evidence of weakness of the right shoulder muscles but there was tenderness over the anterior aspect of the shoulder. There was no evidence of instability on manual palpation of the shoulder joint. There was minimal pain with glenohumeral compression. Range of motion was noted to be within normal limits of both shoulders. The report of an MRI of the right shoulder dated 02/20/14 showed that supraspinatus tendinosis suspected. There was fluid in the subacromial/subdeltoid bursa, and in the absence of a full thickness rotator cuff tear, this was presumed to represent bursitis. There was a glenohumeral joint osteoarthritis and acromioclavicular joint arthropathy of a mild degree. Conservative treatment to date has included injections, physical therapy, and anti-inflammatory medication. It is noted that the injection, the date and location of the injection is unknown, provided two days of relief. This review is for right 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:

Right Shoulder Arthroscopy, with Distal Clavicle Resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Partial claviclectomy (Mumford procedure. ODG Indications for Surgery -- Partial claviclectomy:Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint:1. Conservative Care: At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS2. Subjective Clinical Findings: Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS3. 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. PLUS4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.

Decision rationale: Based on the California ACOEM Guidelines and the Official Disability Guidelines, the request for right shoulder arthroscopy and distal clavicle resection is medically necessary. The ACOEM Guidelines note that prior to considering surgical intervention, documentation should establish there is activity limitation for more than four months, the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, as well as clear clinical imaging evidence of the lesion has been shown to benefit in both the short and long term from surgical repair. With specific regards to distal clavicle excision, Official Disability Guidelines note that there should be abnormal physical exam objective findings to include tenderness over the AC joint, and claimants should also have pain relief obtained with an injection of anesthetic for diagnostic and therapeutic purposes. In addition, there should be conventional plain radiographs or additional diagnostic studies which confirm posttraumatic changes of the AC joint or severe degenerative joint disease of the acromioclavicular joint or complete or incomplete separation of the AC joint. Bone scans may also be substituted and should not positive findings for AC separation. The records provided for review do not contain documentation of abnormal physical exam objective findings of symptomatic acromioclavicular arthritis or that the claimant has undergone a diagnostic and therapeutic injection of the acromioclavicular joint to help determine pain generators and confirm acromioclavicular joint symptomatic pathology. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines, the request for the right shoulder arthroscopy with distal clavicle resection cannot be considered medically necessary.

Pre-Operative Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: The request for right shoulder arthroscopy and distal clavicle resection is not medically necessary. Therefore, the request for pre-operative testing cannot be considered medically necessary.