

<b>Case Number:</b>	CM14-0156231		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/13/2002
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 is a 57-year-old gentleman who sustained injuries to multiple body parts when he fell off a ten foot ladder on 09/13/02. The medical records provided for review specific to the claimant's right shoulder included the orthopedic assessment dated 09/10/14 describing continued complaints of pain in the right shoulder. Physical examination revealed diminished range of motion but there were no other formal findings noted. The medical records did not contain any documentation of recent conservative care. The report of an MRI dated 05/09/12 revealed inflammatory changes at the rotator cuff consistent with underlying impingement, no formal tearing, and a small joint effusion of the glenohumeral joint. There were no other imaging reports available for review. As stated, there is no documentation of recent conservative care or further physical examination findings noted. This is a request for right shoulder subacromial decompression and distal clavicle resection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subacromial Decompression distal clavicle resection Rt. shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Chapter: surgery: Partial claviclectomy (Mumford procedure)

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for subacromial decompression, distal clavicle resection of the right shoulder is not recommended as medically necessary. The medical records provided for review do not contain any documentation of the conservative treatment provided to the claimant over a three to six month period including injection therapy as recommended by the ACOEM Guidelines. Without documentation of the above, the clinical request for operative procedure would fail to meet guideline criteria for surgical intervention for impingement. In addition, there is no indication of acromioclavicular joint degenerative arthrosis or treatment specific to the claimant's acromioclavicular joint noted to support the need for a distal clavicle resection per Official Disability Guidelines. This is also taking into account physical examination findings that fail to demonstrate any objective findings at the acromioclavicular joint. This request is not medically necessary.