

Case Number:	CM14-0175882		
Date Assigned:	10/28/2014	Date of Injury:	06/03/2013
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Hand Surgery and is licensed to practice in Texas and Georgia. 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 injured worker is a 30-year-old male who reported an injury on 06/03/2013. The mechanism of injury was the injured worker was working on a vehicle. The surgical history included a right shoulder arthroscopic subacromial decompression on 05/23/2014. Other therapies included postoperative physical therapy and an injection. The injured worker underwent an EMG prior to surgical intervention. The injured worker's medications included Norflex 100 mg, Naprosyn 500 mg, Toradol 10 mg, and other therapies additionally included activity modification. The documentation of 10/14/2014 revealed the recommendation was made 3 weeks prior for a distal clavicle resection. The injured worker was complaining of worsening symptoms. The injured worker had full range of motion in the bilateral shoulders and full strength. Sensation was intact to all dermatomes. The right shoulder had positive tenderness to palpation over the AC joint. The diagnosis was right acromioclavicular joint arthritis. The injured worker was noted to have arthritis and did not have impingement syndrome. The request was made to treat AC joint arthritis. The documentation indicated the injured worker had failed conservative treatment including anti-inflammatories and physical therapy and the MRI revealed edema across the acromioclavicular joint. The injured worker was prescribed Ultram for breakthrough pain. The injured worker underwent an MRI of the right shoulder without contrast on 07/02/2013. There was noted to be edema across the acromioclavicular joint suggestive of injury to the acromioclavicular ligament. There was no widening of the acromioclavicular joint observed. There was a request for authorization submitted dated 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right distal Clavicle Resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that surgical consultation may be appropriate for red flag conditions, activity limitation for more than 4 months, plus the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review indicated the injured worker had a failure of conservative care including physical therapy. However, there was a lack of documentation indicating the duration of the prior conservative care and that the injured worker had recent diagnostic studies including x-rays to support the necessity for surgical intervention. Given the above, the request for right distal clavicle resection is not medically necessary.