

Case Number:	CM14-0183506		
Date Assigned:	11/10/2014	Date of Injury:	11/17/2011
Decision Date:	12/23/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/04/2014

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:

47-year-old male injured worker was reported industrial injury of November 17, 2011. Exam noticed February 12, 2014 demonstrates complains of increasing pain in the right shoulder without improvement with conservative management. There is a complaint of headaches and activities of daily living being limited secondary to shoulder pain. Night pain is reported with regards to the shoulder. Examination demonstrates right shoulder range of motion is limited abduction, forward flexion, extension and adduction. Hawkins sign is noted to be positive on the right. There is no attached MRI report of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right shoulder distal clavicle resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. 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): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Partial Claviclectomy

Decision rationale: Based upon the CA MTUS Shoulder Chapter, pages 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for post-traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case the exam note from 2/12/14 does not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. There is no attached MRI report of the shoulder to review. Therefore request for right shoulder distal clavicle resection is not medically necessary and appropriate.