

Case Number:	CM14-0020215		
Date Assigned:	04/25/2014	Date of Injury:	06/22/2001
Decision Date:	07/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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, a 69-year-old gentleman, developed bilateral shoulder and elbow pain while drilling holes repetitively on June 22, 2001. The medical records for review pertaining to the left shoulder indicated that in June 2003 the claimant underwent a left shoulder arthroscopy, subacromial decompression, distal clavicle excision, and labral repair. A recent MRI report of the left shoulder from December 10, 2013 due to continued complaints of pain revealed moderate rotator cuff tendinosis with no full thickness tearing, degenerative appearance to the labrum with no tearing, and moderate tendinosis to the biceps. There was also evidence of prior subacromial decompression and distal clavicle excision. A follow-up clinical report of January 20, 2014 noted continued complaints of pain and weakness in the shoulder with examination documented as full range of motion, 4/5 strength with infraspinatus testing, positive crossover testing, and positive impingement, O'Brien and Speed's testing. Recent conservative care was documented to include a glenohumeral injection and physical therapy. The recommendation was made for a subacromial decompression, bicep tenodesis, and distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION, BICEPS TENDODESIS, DEBRIDEMENT AND CLAVICULECTOMY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure, Partial Claviclectomy (Mumford Procedure).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines, the surgical request for left shoulder arthroscopy, biceps tenodesis, debridement, distal clavicle excision and subacromial decompression would not be indicated. This individual has previously undergone both a subacromial decompression and distal clavicle excision with no documentation of acute change to bony structures on imaging to support the need for further surgery. ACOEM Guidelines in regards to surgery for impingement also indicate the need for subacromial injection prior to proceeding with operative intervention as well as three to six months of conservative care. This individual was noted to have had only a glenohumeral joint injection. There is also no indication of positive findings at the bicep tendon on examination. Given the claimant's prior surgical history and the specific surgical request, the need for operative intervention has not been established.