

<b>Case Number:</b>	CM14-0021330		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 60-year-old male who sustained an injury at work on 6/25/13 while using a sliding hammer. As he was using the hammer, he began noticing severe pain in his left trapezial area. While most of the pain was in the left trapezial area, he began to notice pain in the right trapezial area. The patient had an orthopedic evaluation on 7/25/13, most of the patient's tenderness was on the left side in the area of the acromioclavicular joint. He also had limitation of motion of the left shoulder and impingement testing was positive on the left. At that time he was given an injection of Depo-Medrol into the subacromial space and also into the acromioclavicular joint. It was not clear whether the injection gave the patient significant relief of symptoms. The patient was started on physical therapy and was returned to his regular work. An independent evaluation done on 11/21/2013 revealed limitation of motion of the left shoulder with tenderness over the left trapezial area, acromioclavicular joint, and left bicipital insertion. It was noted that the patient has been able to work although with some discomfort and is currently at full duty. Also, physical therapy and injections have been of some benefit. MRI scan done on 12/17/2013 revealed a low-grade tear of the supraspinatous tendon, severe acromioclavicular degeneration with an inferior osteophyte producing an impingement effect on the supraspinatous and a posterior superior labral degeneration. A report by the orthopedic provider dated 12/20/2013, notes that the patient has normal strength of the left shoulder. He has a negative Yergason, Speed, O'Brien and impingement tests. Active abduction is 135 and active flexion is 150 and the acromioclavicular joint is nontender except with forced adduction. The patient requested another injection into the acromioclavicular joint and was given an injection of 3/4cc Depo-Medrol in local anesthetic. The next report we have, is a request for arthroscopy with distal clavicle resection and acromioplasty; this is dated 1/24/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LEFT ARTHROSCOPY WITH DISTAL CLAVICULAR RESECTION AND ACROMIOPLASTY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th Edition, 2014, Shoulder, Surgery For Impingement Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

**Decision rationale:** The California MTUS does not specifically address resection of the distal end of the clavicle for degenerative conditions. However, it does address acromioclavicular separations. It states that if pain persists after recovery and return to activities, resection of the outer clavicle may be indicated after 6 months to 1 year of nonsurgical treatment. The ODG states that partial claviclectomy may be indicated for failure of conservative care for at least 6 weeks, pain at the acromioclavicular joint aggravated with shoulder motion, tenderness over the acromioclavicular joint and/or pain relief obtained with an injection of a local anesthetic and imaging evidence of severe degenerative joint disease of the acromioclavicular joint. The last orthopedic evaluation which occurred about a month before the request for arthroscopic surgery noted that the patient had no pain or tenderness in the area of the acromioclavicular joint. The patient was basically asymptomatic except for some loss of abduction. He was still given an injection of Depo-Medrol. We have no documentation of what occurred from that visit to the time that arthroscopic surgery was requested. The patient himself just wanted an injection at that visit. Therefore, until we have documentation as to what led to the decision to request arthroscopic surgery and resection of the distal end of the clavicle, the medical necessity for this procedure has not been established.