

Case Number:	CM14-0024398		
Date Assigned:	06/11/2014	Date of Injury:	12/26/2010
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 Texas. 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 51-year-old male who reported injury on 12/26/2010. The mechanism of injury was throwing heavy boxes. The documentation of 10/11/2013 revealed the injured worker was having third degree AC joint separation and was recommended to have an ORIF of the right AC joint. The documentation of 12/06/2013 revealed the injured worker was having severe constant right shoulder pain, causing difficulty reaching above the right shoulder. The cold weather and rainy season made the injured worker's shoulder pain worse. The objective findings revealed the injured worker's right shoulder range of motion was restricted. Right shoulder elevation was 90 to 100 degrees, the injured worker had localized tenderness at the right AC joint. There was a loss of the lordotic curve of the cervical spine. There was localized tenderness over the right supraclavicular region. The diagnoses included grade 4 right AC joint separation with ligament disruption, MRI confirmed; and mild supraspinatus tendinosis. The treatment plan included an AC joint open reduction and internal fixation and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT AC (ACROMIO CLAVICULAR) JOINT ORIF (OPEN REDUCTION AND INTERNAL FIXATION): 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for AC joint separation.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations 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 program, plus the existence of a surgical lesion, including clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, they indicate that the treatment for acromioclavicular joint separation may be conservative. If pain persisted after recovery and return to activities, a resection of the outer clavicle might be indicated after 6 months to 1 year. However, they do not specifically address guidelines. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that surgery for AC joint separation is not recommended. However, it indicates that if it is used anyway, there should be documentation of conservative care for at least 3 months, there should be documentation of pain with marked functional difficulty and objective findings of deformity, plus conventional x-rays showing grade 3+ separation. The documentation submitted for review failed to meet the above criteria. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There were no diagnostic studies provided for review. It was indicated the injured worker had a grade 4 separation on MRI. However, the MRI was not provided for review. Given the above, the request for a right AC joint ORIF is not medically necessary.