

Case Number:	CM14-0026419		
Date Assigned:	06/13/2014	Date of Injury:	05/15/2012
Decision Date:	07/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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:

This 60-year-old male sustained an industrial injury on 5/15/12. Injury was sustained when he fell off a ladder, superimposed on cumulative trauma. Conservative treatment included physical therapy, injections, home exercise, and medications. The 1/15/14 right shoulder MRI impression documented low-grade supraspinatus, infraspinatus, and subscapularis tears, degenerative tearing of the superior labrum, and moderate to severe acromioclavicular joint osteoarthritis with inferior projecting osteophytes indenting the myotendinous junction concerning for external subacromial impingement. The 1/16/14 treating physician report cited right shoulder pain unchanged. The patient had difficulty lifting the right arm overhead. Physical exam documented positive impingement sign and crepitus in the subacromial space. The treatment plan recommended right shoulder arthroscopy with subacromial decompression and probable release of the biceps tendon and Mumford procedure. The 2/5/14 utilization review denied the request for right shoulder arthroscopy based on absence of clinical findings of strength and range of motion loss to support the requested surgery per guideline criteria. The 2/13/14 treating physician appeal stated that the patient had activity limitations approaching 2 years with existence of a surgically treatable lesion. The patient has been appropriately treated in a conservative fashion and continued to have symptoms. There was positive impingement with positive supraspinatus sign and crepitus. Subjective findings correspond with objective findings and are surgically correctable.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION, AND PROBABLE RELEASE OF BICEPS TENDON AND MUMFORD RESECTION OF THE DISTAL CLAVICLE TO BE PERFORMED AS AN OUTPATIENT PROCEDURE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement, Surgery for ruptured biceps tendon (at the shoulder), Partial claviclectomy.

Decision rationale: The California MTUS does not provide recommendations for surgeries in chronic shoulder conditions. The Official Disability Guidelines for impingement surgery generally require 3 to 6 months of conservative treatment. Criteria include subjective, objective, and imaging clinical exam findings with positive evidence for impingement including positive diagnostic injection test. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, positive diagnostic injection, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have been met. Subjective, objective, and imaging findings evidence moderate to severe acromioclavicular joint osteoarthritis and supraspinatus impingement. The patient has failed guideline recommended conservative treatment. Therefore, this request for right shoulder arthroscopy, subacromial decompression, and probable release of biceps tendon and Mumford resection of the distal clavicle to be performed as an outpatient procedure is not medically necessary.