

Case Number:	CM14-0037274		
Date Assigned:	06/25/2014	Date of Injury:	08/30/2012
Decision Date:	07/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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 is a 33-year-old gentleman who was injured in a work-related accident on 6/2/12. The clinical records provided for review specific to the claimant's right shoulder include a 4/2/14 progress report noting continued complaints of chronic bilateral shoulder and wrist pain. The report documented that claimant is status post left clavicle open reduction internal fixation performed in October 2013. The report does not identify any physical findings from a formal examination of the right shoulder. The report of an arthrogram of the shoulder dated 5/10/13 identified mild subscapularis tendinosis and down sloping of the acromion but no other pertinent findings. Review of previous assessments on 2/10/14 and 1/22/14 also noted that the physical examination was deferred. The most recent orthopedic physical examination was dated 9/4/13, prior to surgery, showing diminished range of motion of the bilateral shoulders with no other findings documented. The 4/2/14 progress report documents that the claimant has failed conservative care and the recommendation was made for right shoulder open distal clavicle resection. No other imaging was available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder open distal clavicle resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, Chronic Pain Treatment Guidelines.

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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Partial claviclectomy (Mumford procedure) and the Official Disability Guidelines (ODG)- Indications for Surgery -- Partial claviclectomy: Criteria for partial claviclectomy (Mumford procedure).

Decision rationale: Based on the ACOEM Guidelines and the Official Disability Guidelines, the request for right shoulder open distal clavicle excision cannot be recommended as medically necessary. ACOEM Guidelines support surgery when there is a lesion seen on imaging that has been shown to benefit, in both the short and long term, from surgical repair. The medical records provided for review do not support imaging or physical examination findings indicative of an acromioclavicular joint diagnosis. Without documentation of imaging supporting positive findings at the acromioclavicular joint or physical examination supporting acromioclavicular joint findings, the acute need of operative process to include an open distal clavicle excision would not be supported.

Pre Op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.