

Case Number:	CM14-0057598		
Date Assigned:	07/09/2014	Date of Injury:	03/21/2012
Decision Date:	08/25/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 injured worker is a 42 year old female who sustained an industrial injury to the right shoulder on 3/21/12 under unstated circumstances. The date of first available records from the treating physician is 3/18/14 and qualified medical evaluator (QME) records are not provided. Treatment provided prior to 3/18/14 is not documented. The injured worker has positive Neer and Hawkins' tests, pain with range of motion (ROM), decreased abduction at 100 degrees, and forward flexion at 160 degrees and strength was 4/5 to resisted external rotation and abduction. A drop arm test was negative. A 3/30/14 right shoulder magnetic resonance imaging (MRI) was positive only for supraspinatus and infraspinatus tendinosis. No other imaging studies are documented and there is no documentation of conservative treatment to date. A right shoulder arthroscopic subacromial decompression and acromioclavicular joint resection has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder arthroscopy/surgery right shoulder arthroscopy, subacromial decompression and AC joint resection..: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-214.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) are similar for arthroscopic subacromial decompression and AC joint resection (distal claviclectomy). For impingement syndrome the guidelines recommend conservative care, subject findings, imaging clinical findings, and objective findings. For this injured worker, conservative treatment to date is not documented. The injured worker has a painful arc of motion, but there is no documentation of nocturnal pain. For objective clinical findings, the injured worker meets the criteria for weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area. The injured worker has impingement signs that are positive, but there is no documentation of a diagnostic injection. There was no impingement documented on non-contrast magnetic resonance imaging (MRI). ODG Indications for surgery for partial claviclectomy include: Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of acromioclavicular joint include conservative care which has not been met for this patient as there is no documentation of conservative care. The subjective clinical findings criteria point is not met. There is no documentation of pain or tenderness of the right acromioclavicular joint or increased pain with carrying weight. The objective clinical findings criteria point is not met. There is no documentation of tenderness of the acromioclavicular joint or di-positive diagnostic injection. Also, there is no acromioclavicular joint pathology documented on imaging studies. As the ACOEM and ODG guidelines criteria for arthroscopic subacromial decompression and partial distal claviclectomy (shoulder surgery) are not met as documented above, the request for shoulder arthroscopy/surgery right shoulder arthroscopy, subacromial decompression and AC joint resection are not medically necessary and appropriate.