

Case Number:	CM14-0061641		
Date Assigned:	08/06/2014	Date of Injury:	09/21/2010
Decision Date:	09/10/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 claimant is a 44-year-old female who sustained injuries to her neck and left shoulder in work related accident on 09/21/10. The medical records provided for review specific to her left shoulder include a report of an MRI dated 08/20/13 identifying degenerative change to the acromioclavicular joint in a mild fashion with mild subacromial bursitis. Recent clinical assessment on 04/01/14 revealed continued complaints of pain with overhead activity and examination showing crepitation with no other findings documented. The report documented that a recent corticosteroid injection provided only temporary relief. Based on failed conservative care, surgery for arthroscopy, subacromial decompression, and distal clavicle excision was recommended in addition to preoperative laboratory testing, physical therapy postoperatively and use of a sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder scope with acromioplasty and open excision of AC joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter Indication for surgery- Rotator cuff repair.

MAXIMUS guideline: Decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, page 211 and on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: According to the Guidelines, the request for shoulder arthroscopy with acromioplasty and open excision of the acromioclavicular joint cannot be recommended as medically necessary. The medical records do not contain any formal physical examination findings demonstrating acromioclavicular joint pathology or impingement. The claimant's prior MRI report showed only mild findings of inflammatory change. Given the claimant's current clinical process, she would fail to meet ACOEM Guidelines that recommend a firm diagnosis of impingement and acromioclavicular joint pathology with three to six months of conservative care including injection therapy therefore, this request is not medically necessary.

EKG: Upheld

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

Pre Operative Medical Clearance: Upheld

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

Pre Operative Lab work, CBC, Renal Function panel, PT, PTT: Upheld

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

Post Operative Physical Therapy: Upheld

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

Slings: Upheld

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