

<b>Case Number:</b>	CM14-0074002		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/18/2007
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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:

48 year old claimant male with industrial injury reported on 6/18/07. Injuries are reported to the neck, left shoulder and left arm. Exam note 4/21/14 demonstrates report of significant shoulder pain. Examination demonstrates positive impingement sign with positive O'Brien's test and AC joint tenderness. MRI of the left shoulder from 4/11/14 demonstrates moderate tendinopathy of the supraspinatus with a tear, moderate acromioclavicular (AC) joint arthritis with capsular hypertrophy and subchondral edema of the distal clavicle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Excision of the distal clavicle and possible decompression of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**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) Acromioplasty, Partial claviclectomy.

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG section on acromioplasty surgery recommends 3-6

months of conservative care plus a painful arc of motion from 90-130 degrees. These findings are not noted in the submitted clinical information from 4/21/14. In addition, night pain and weak/absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection into either the subacromial space or the AC joint. In this case the exam note from 4/21/14 does not demonstrate evidence satisfying the above criteria. Therefore the request is found to be not medically necessary.