

Case Number:	CM14-0077901		
Date Assigned:	07/18/2014	Date of Injury:	06/27/2013
Decision Date:	08/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/28/2014

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 Orthopaedic 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 48-year-old male sustained an industrial injury on 6/27/13. The mechanism of injury was documented on the Doctor's First Report as repetitive trauma from carrying 5-gallon containers on his shoulder. The 10/14/13 right shoulder MR arthrogram findings documented a separation of the acromioclavicular (AC) joint or erosion of the distal clavicle. There was moderate AC joint effusion with debris or synovitis. There was edema in the distal clavicle. There was a rim rent type tear at the insertion of the supraspinatus, with tendinosis but no evidence of a full-thickness tear. There was an irregular superior labrum consistent with a superior labrum anterior and posterior (SLAP) tear. Findings suggested a tear of the posterior band of the inferior glenohumeral ligament. There was a degenerative cystic change in the superior humeral head. The 12/11/13 orthopedic report cited constant shoulder pain, worse overhead, and the same day and night. There was no clicking, crepitation or complaints of instability. Medications provided incomplete relief. Physical exam documented tenderness over the anterior aspect of the shoulder. AC joint showed grade 3 deformity but was relatively non-tender. Range of motion was full and symmetric. There was no weakness. Impingement, apprehension and relocation tests were painful. Click and O'Brien's tests were negative. There was mild pain with abduction and forward flexion. Speed's and Yerguson's were negative. Biceps contour was normal. There was no evidence of instability. Radiographs showed a chronic grade 2-3 AC separation with mild erosion of the distal clavicle. Magnetic resonance imaging (MRI) showed no rotator cuff damage at all. The subacromial space was carefully injected with no pain relief at all, which was a strong negative. No additional treatment was recommended. The 4/22/14 orthopedic report documented a history of traumatic injury when lifting a 200-pound roll to the shoulder with sudden pain in the AC joint area. The magnetic resonance imaging (MRI) was reviewed and showed a 3rd degree AC separation. Physical exam showed 3rd degree elevation of the distal clavicle. There

was pain in the AC joint area, over the supraspinatus, and anteriorly. There were positive impingement findings, abduction, and deltoid weakness. Surgery was recommended to include debridement of the AC joint with repositioning of the distal clavicle and reconstruction of the coracoacromial ligament, followed by decompression of the subacromial space and the Type II to III acromion and third portion to reinsert the partial avulsed supraspinatus tendon. The 5/15/14 utilization review denied the surgical request as there was no documentation of instability or diagnostic AC joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Debridement of acromioclavicular joint with repositioning of distal clavicle and reconstruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209,210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for AC Joint Separation.

Decision rationale: The California MTUS stated that patients with acromioclavicular (AC) joint separation may be treated conservatively. If pain persists after return to activities, resection of the outer clavicle may be indicated, although local cortisone injections can be tried. The Official Disability Guidelines do not recommend surgery for AC joint separation. Criteria for surgical treatment of acromioclavicular dislocation with a diagnosis of acute or chronic shoulder AC joint separation indicate that most patients with grade 3 dislocations are best treated non-operatively. Conservative treatment is recommended for at least 3 months. Subjective clinical findings of pain with marked functional difficulty, marked deformity on clinical exam, and conventional x-rays show grade III+ separation. Guideline criteria have not been met. Records indicate some inconsistencies in the history of injury, clinical and imaging findings. Initial conservative treatment was reported as not beneficial. A subacromial injection test was negative. There is no evidence of an AC joint injection. There has been no documentation of instability. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment, including cortisone injections, had been tried and failed. Therefore, this request for debridement of acromioclavicular joint with repositioning of distal clavicle and reconstruction is not medically necessary.

Decompression of subacromial space & the Type II to III acromion & third portion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209,210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for Impingement Syndrome.

Decision rationale: The California MTUS guidelines for subacromial decompression state that conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. The Official Disability Guidelines criteria for subacromial decompression generally require 3 to 6 months of conservative treatment directed toward gaining full range of motion, requiring both strengthening and stretching to balance the musculature. Criteria include subjective, objective, and imaging clinical exam findings with positive evidence for impingement including positive diagnostic injection test. Guideline criteria have not been met. There is no evidence that comprehensive guideline recommended conservative treatment, including cortisone injections, has been tried and failed. There is no documentation of a positive diagnostic injection test. Therefore, this request for decompression of subacromial space and the Type II to III acromion and third portion is not medically necessary.