

Case Number:	CM14-0079638		
Date Assigned:	07/18/2014	Date of Injury:	12/21/2011
Decision Date:	09/11/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/30/2014

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 Pennsylvania. 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 50-year-old female, who works as a housekeeper and sustained a vocational injury to her right arm on December 21, 2011, related to repetitive motion. The records available for review indicate the claimant underwent right shoulder surgery on March 26, 2013, for repair of the rotator cuff, anterior inferior glenohumeral ligament, acromioclavicular joint resection (mini-Mumford) and subacromial decompression. When comparing the claimant's November 5, 2013, MRA of the right shoulder to a prior diagnostic study dated February 8, 2012, the November MRA showed interval post-operative changes, including arthroscopic acromioplasty, stabilization procedure for SLAP lesion utilizing a single non-metallic suture anchor, and a glenoid superior resection of 0.5 centimeter. glenoid labral cyst adjacent to the labrum in the anterior superior quadrant with placement of a suture anchor lock along the lateral aspect of the proximal humerus at the level of the surgical neck. There was interval progression of abnormalities that can be associated with a history of clinical syndrome of impingement including new moderate osteoarthritis with an inflammatory component involving the acromioclavicular joint, progression of moderate to severe tendinosis throughout the supraspinatus tendon, and stable mild subacromial bursitis. No new SLAP lesion or new labral tear was identified. An office note dated April 11, 2014, indicated that the claimant was diagnosed with right acromioclavicular joint arthritis moderate to severe in nature, right shoulder impingement syndrome with SLAP lesion, status post subacromial decompression and mini-Mumford procedure, and supraspinatus tendinosis. At that time, the claimant had complaints of ongoing right shoulder pain without excessive swelling or atrophy of the bilateral shoulder musculature. She had palpable tenderness over the acromion, deltoid bursa, acromioclavicular joint, coracoid, lesser and greater tuberosities, trapezius musculature, posterior shoulder musculature, supraspinatus musculature, and infraspinatus musculature. The claimant

experienced decreased range of motion in flexion, extension and abduction planes. Conservative treatment to date has included ibuprofen, Tramadol, an injection and physical therapy. The current request is for arthroscopy with clavicle resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with Clavicle Resection: Upheld

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

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 chapter: Partial claviclectomy (Mumford procedure).

Decision rationale: Based on California MTUS/ACOEM Guidelines and supported by Official Disability Guidelines, the request for arthroscopy with clavicle resection is not considered medically necessary. In review of the medical records, significant amount of uncertainty exists with the current request. The current request fails to establish which extremity surgical intervention is being requested for. In addition, regarding objective abnormal physical exam findings, the most recent progress report available for review dated April 11, 2014, lacks specificity related to the laterality of the examined shoulder with the exception of specified decreased range of motion. California ACOEM Guidelines note that clear clinical and imaging evidence of a lesion must document both short- and long-term benefit from surgical repair. Currently, clinical information presented for review fails to establish the laterality of both the requested extremity with regard to surgical intervention as well as objective abnormal physical exam findings. In addition, it appears that the physical therapy initially prescribed was performed postoperatively, and there is no documentation that a recent course of continuous conservative treatment for a period of three to six months has been utilized prior to considering and recommending surgical intervention. The claimant's surgical intervention on March 26, 2013, was performed on the right shoulder, and there is no documentation that the claimant has had a new injury, fall or any indication that a subsequent trauma occurred since the previous surgery. Based on the documentation presented for review and in accordance with California MTUS/ACOEM and Official Disability Guidelines, the request for the arthroscopy with clavicle resection cannot be medically supported.