

<b>Case Number:</b>	CM14-0082611		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 45 year old female claimant is with an industrial injury dated 11/16/11. MRI of 04/23/14 demonstrates a full-thickness tear of the supraspinatus tendon component 3mm medial to the lateral with fluid in subacromial subdeltoid bursa, with adjacent tendinosis. In addition, there is mild arthrosis of the AC joint and an attenuation of the undersurface of the acromion consistent with partial acromioplasty changes. Patient has thickened biceps pulley mid rotator cuff level. Previous treatments have included medication and activity modification. Exam note 05/13/14 states patient returns with difficulty to rotate and raise arm. Treatment plan includes right shoulder arthroscopic rotator cuff repair, possible subacromial decompression, mumford, biceps tenotomy, and biceps tenodesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mumford surgical procedure:** Upheld

**Claims Administrator 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, Indications for surgery-Rotator cuff repair.

**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) Shoulder, Partial Claviculectomy.

**Decision rationale:** Based upon the CA MTUS Shoulder Chapter, pages 209-210, recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for post traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition, there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case, the exam note from 5/13/14 and the imaging findings from 4/23/14 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore, the request is not medically necessary.