

Case Number:	CM14-0118971		
Date Assigned:	08/06/2014	Date of Injury:	10/26/2012
Decision Date:	02/23/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 63-year-old male with a 10/26/12 date of injury. At the time (7/2/14) of the request for authorization for arthroscopy, left shoulder, distal claviclectomy and arthroscopy, left shoulder, decompression, there is documentation of subjective (persistent pain, most of difficulty above shoulder level) and objective (tenderness right at the AC joint, essentially has full range of motion but has positive impingement signs) findings, current diagnoses (osteoarthritis, local not otherwise specified, shoulder), and treatment to date (injection with improvement, medication, and physical therapy). There is no documentation of imaging clinical findings: MRI showing positive evidence of deficit in rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, Left Shoulder, Distal Claviclectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter: Indications for Surgery - Acromioplasty

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, Subacromial Decompression.

Decision rationale: MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, ap, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis, local not otherwise specified, shoulder. In addition, there is documentation of conservative care for 3 to 6 months, subjective clinical findings (pain with motion), and objective clinical findings (tenderness, positive impingement sign, and temporary relief of pain with anesthetic injection (diagnostic injection test)). However, there is no documentation of imaging clinical findings: MRI showing positive evidence of deficit in rotator cuff. Therefore, based on guidelines and a review of the evidence, the request for arthroscopy, left shoulder, distal claviclectomy is not medically necessary.

Arthroscopy, Left Shoulder, Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter: Indications for Surgery - Partial claviclectomy

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, Subacromial Decompression.

Decision rationale: MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, ap, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria

necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis, local not otherwise specified, shoulder. In addition, there is documentation of conservative care for 3 to 6 months, subjective clinical findings (pain with motion), and objective clinical findings (tenderness, positive impingement sign, and temporary relief of pain with anesthetic injection (diagnostic injection test). However, there is no documentation of imaging clinical findings: MRI showing positive evidence of deficit in rotator cuff. Therefore, based on guidelines and a review of the evidence, the request for arthroscopy, left shoulder, decompression is not medically necessary.