

Case Number:	CM14-0200345		
Date Assigned:	12/11/2014	Date of Injury:	06/03/2010
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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 Hawaii. 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 injured worker is a 54-year-old male who reported an injury of unspecified mechanism on 06/03/2010. On 10/30/2014, his diagnoses included right shoulder impingement, disturbance of skin sensation, ankylosing of joint site unspecified, other affections of the right shoulder region NEC and articular cartilage disorder right shoulder. His complaints included pain over both the anterior and posterior right shoulder. The physical examination revealed tenderness over the AC joint and laterally over the right shoulder with exquisite tenderness lateral to the acromion. Flexion, adduction and internal rotation caused pain. There was a negative arc sign. There was no gross instability noted. Electrodiagnostic testing of the right upper extremity supported a clinical diagnosis of right cubital tunnel syndrome. X-rays of the right shoulder on 06/04/2014, revealed calcific tendinopathy in the right rotator cuff tendon; there was no fracture or dislocation; the glenohumeral joint space was maintained; an MRI of the right shoulder on 10/27/2014, revealed a mildly anteriorly downsloping acromion with intact ligaments and intact rotator cuff with mild tendinosis of the right supraspinatus tendon; a SLAP tear with sub centimeter paralabral cysts adjacent to the posterior and inferior portions of the labrum. The SLAP tear involved the biceps anchor. The extra-articular portion of the long head of the biceps tendon was intact and located in the bicipital groove. There was mild osteoarthritis of the right acromioclavicular joint. The rationale for the labral surgery was; if this worker continued to have pain after an acromioplasty. A Request for Authorization dated 10/30/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partial Anterolateral Acromioplasty with resection of Corocoacromion Ligament Debridement Subacromial Bursa: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

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

Decision rationale: The request for partial anterolateral acromioplasty with resection of Corocoacromion ligament debridement subacromial bursa is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation may be indicated for patients who have red flag conditions including acute rotator cuff tear in a young worker or glenohumeral joint dislocation, etc; plus activity limitation for more than 4 months; plus existence of a surgical lesion; and failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs; plus existence of a surgical lesion. There was no body part identified in this request. Therefore, this request for partial anterolateral acromioplasty with resection of Corocoacromion ligament debridement subacromial bursa is not medically necessary.

Possible repair rotator cuff right shoulder Arthrosocopy with partial resection of Distal Clavicle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

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, Partial claviclectomy (Mumford procedure).

Decision rationale: The request for possible repair rotator cuff right shoulder arthroscopy with partial resection of distal clavicle is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation may be indicated for patients who have red flag conditions, for example acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc; and activity limitation for more than 4 months; plus existence of a surgical lesion; plus failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs; plus existence of a surgical lesion; plus clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term for surgical repair. The criteria for a partial claviclectomy in the Official Disability Guidelines consists of conservative care of at least 6 weeks directed toward symptom relief prior to surgery; subjective clinical findings including pain at the AC joint; aggravation of pain with shoulder motion or carrying weight; or previous grade 1 or 2 AC separation; plus objective clinical findings of tenderness over the AC joint; and/or pain relief obtained with an injection of

anesthetic for diagnostic or therapeutic trial; plus clinical image findings, conventional films showing either post-traumatic changes of the AC joint or severe DJD of the AC joint; or complete or incomplete separation of the AC joint; and a bone scan positive for AC joint separation. There was no rotator cuff tear. There was no evidence of at least 6 weeks of conservative care to this injured worker's shoulder. There was no documentation of an injection with anesthetic for diagnostic or therapeutic purposes. There was no diagnosis of DJD or AC joint separation. There was no bone scan showing AC joint separation. The clinical information submitted failed to meet the evidence based guidelines for the requested procedure. Therefore, this request for possible repair rotator cuff right shoulder arthroscopy with partial resection of distal clavicle is not medically necessary.