

Case Number:	CM14-0048159		
Date Assigned:	07/02/2014	Date of Injury:	12/19/2013
Decision Date:	01/07/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/16/2014

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:

60 year old claimant has a reported industrial injury of 12/19/13 with right shoulder pain. Exam note from 4/28/14 demonstrates complaints of neck, right AC joint, right shoulder and right arm pain. There are reports of 3 injections into the right shoulder. Examination demonstrates right shoulder with redness and swelling, range of motion demonstrates abduction to 90 degrees, forward flexion to 90 degrees, external rotation to 60 degrees and internal rotation to 60 degrees. Range of motion is noted to cause pain. Abduction against resistance is noted to cause pain and weakness. Right shoulder arthrogram from 3/11/14 demonstrates prominent AC joint, intact biceps tendon with subluxation.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Right shoulder arthroscopy, biceps proximal tenodesis, distal clavicle, Mumford with debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for Surgery- Shoulder chapter Surgery for Ruptured Biceps Tendon.

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 section, 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 4/28/14 and the imaging findings from 3/11/14 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the request for right shoulder arthroscopy, biceps proximal tenodesis, distal clavicle, Mumford with debridement is not medically necessary and appropriate.

Pre-operative cardiac clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG); Shoulder section, Partial Claviclectomy.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.