

Case Number:	CM14-0078782		
Date Assigned:	09/18/2014	Date of Injury:	10/04/2012
Decision Date:	03/06/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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, Sports Medicine

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 55 year old male with an injury date of 10/04/2012. Radiographic study of right shoulder performed 10/08/2013 gave impression of mild degenerative arthrosis acromioclavicular joint, along with calcium hydroxyapatite deposition disease at the infraspinatus tendon. The left shoulder study showed moderate degenerative arthrosis acromioclavicular joint and metallic density to lateral soft tissues of the arm; clinical correlation is recommended. A primary treating physician note dated 11/19/2013 described the injured worker returning to modified work duties from 11/19/2013 through 12/031/2013. He is noted prescribed with the following; Flurbiprofen, Naproxen, Cyclobenzaprine, Hydrocodone/APAP and Omeprazole. A physician visit dated 02/27/2014 described the pateint having undergone extensive conservative treatment to the right shoulder including physical manipulating therapy, acupuncture, injections and prescribed medications and then referred for ECSWT extracorporeal shockwave therapeutic procedure. A pain management psychological consultation performed on 01/20/2014 gave recommendation for psychotherapeutic treatment to maintain stability and to prevent regression and or deterioration. A request for services was made on 04/11/2014 asking for right arthroscopic shoulder surgery. The Utilization Review denied the request on 04/29/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Shoulder Arthroscopy with Capsular release, Subacromial Decompression and Distal Clavicle Excision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guideline

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: The American College of Occupational and Environmental Medicine indicate that surgical consideration may be appropriate for an injured worker who has a red flag condition with activity limitation for more than 4 months plus the existence of a surgical lesion and a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus the existence of a surgical lesion and who has clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term. A rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Surgery is reserved for cases failing conservative therapy for 3 months. Additionally, the guidelines indicate the surgery for impingement syndrome is usually arthroscopic decompression. Conservative care including cortisone injections can be carried out for 3 to 6 months before considering surgery. Additionally, because it is on a continuum with other rotator cuff conditions, including rotator cuff syndrome and rotator cuff tendinitis also refer to the previous discussion of rotator cuff tears. They do not specifically address a partial claviclectomy. As such, the Official Disability Guidelines indicate there should be documentation of at least 6 weeks of care directed toward symptom relief prior to surgery. There should be documentation of pain at the AC joint, aggravation of pain with shoulder motion or carrying weight and there should be tenderness over the AC joint and there should be pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial and there should be conventional films showing either post-traumatic changes of the AC joint or severe DJD of the AC joint. The clinical documentation submitted for review indicated te injured worker had undergone physical therapy and an injection on the left side. The recommendation was made for a left shoulder arthroscopy with subacromial decompression and distal clavicle excision and capsular release and manipulation under anesthesia. The injured worker was noted to be an insulin dependent diabetic and as such, cortisone would not be appropriate. The x-ray revealed the injured worker had moderate arthrosis, however there was no MRI submitted for review. There was a lack of documentation of the duration of conservative care and there was no MRI submitted for review. Given the above, the request for Outpatient Right Shoulder Arthroscopy with Capsular release, Subacromial Decompression and Distal Clavicle Excision is not medically necessary.