

<b>Case Number:</b>	CM15-0102897		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	07/03/2008
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, Indiana, Oregon  
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:

The injured worker is a 70-year-old male, who sustained an industrial injury on 07/03/2008. According to a progress report dated 01/28/2015, chief complaints included right shoulder and right elbow pain. His elbow swelling and pain was not improved. His shoulder was also very problematic and he had pain all the time. He took nothing for pain. He had problems sleeping at night. There was tenderness over his AC joint and pain with cross-body adduction. Impingement and impingement reinforcement signs were positive. Elevation was to about 160 degrees. At terminal elevation, he had pain. He had point tenderness over his biceps and over his cuff. Rotator cuff strength was good. About the right elbow, he had a very prominent tip of olecranon and weakness of triceps and the provider thought that he could palpate a hole in the triceps. The provider wanted to do surgery on the right shoulder. The provider also noted that an MRI of the right elbow was necessary to rule out triceps tendon rupture. Currently under review is the request for right shoulder arthroscopic subacromial decompression, distal clavicle resection and biceps tenodesis as 1-day inpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopic Subacromial Decompression, Distal Clavicle Resection and Biceps Tenodesis as 1 Day Inpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** Based upon the CA MTUS Shoulder Chapter. Pgs 209-210 recommendations are made for surgical consultation when there are 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 posttraumatic 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 1/28/15 and there are no imaging findings presented to demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore, the request is not medically necessary.