

Case Number:	CM15-0109223		
Date Assigned:	06/16/2015	Date of Injury:	10/08/2013
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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 was a 51 year old male, who sustained an industrial injury, October 8, 2013. The injured worker previously received the following treatments Anaprox, Ultram, physical therapy, right shoulder subacromial injection in November 2014 with temporary relief, right shoulder MRI on February 25, 2014, showed subchondral edema in the superior and post superior aspect of the right humeral head with some deformity of the right humeral head, could be as a result of prior dislocation, degenerative changes at the right acromioclavicular joint associated with mild hypertrophic changes on its inferior aspect. There was lateral down sloping of the acromioclavicular joint associated with mild hypertrophic changes of the inferior aspect. There was lateral down sloping of the acromion causing narrowing of the supraspinatus outlet. There was attenuation of the supraspinatus tendon, but no evidence of a full thickness tear. The injured worker was diagnosed with cervical strain, right shoulder AC joint degenerative joint disease, right shoulder impingement syndrome verses rotator cuff tear, right hip contusion, right wrist contusion and right greater trochanter bursitis. According to progress note of April 27, 2015, the injured workers chief complaint was right side of the neck and arm symptoms increasing of the past 2 months. There was associated numbness in the thumb, index, and long finger of the right hand, which were more frequent. The physical exam of the shoulders noted normal contour. There was no evidence of appreciable swelling over the bilateral shoulders. There was no gross atrophy of the shoulder musculatures. The right shoulder was positive for impingement syndrome. There was 4 out of 5 external rotator with pain. There was mild right thenar atrophy. The Tinel's test was mildly positive over the carpal tunnel. The compression test

was negative for right carpal tunnel. The treatment plan included medical preoperative clearance as an outpatient for right shoulder arthroscopic surgery as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Acromioplasty and Distal Clavicle Resection: 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 is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviculectomy, 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 4/27/15 and the MRI from 2/25/14 do not demonstrate significant osteoarthritis or clinical exam findings (tenderness over the AC joint) to warrant distal clavicle resection. Therefore the request is not medically necessary.

Associated surgical service: Assistant Surgeon: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Medical Clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.