

Case Number:	CM15-0016265		
Date Assigned:	02/04/2015	Date of Injury:	10/12/2014
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York

Certification(s)/Specialty: Neurological 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 55 year old female who sustained an industrial injury on 10/12/14. She reports left shoulder pain at the acromioclavicular region. Treatments to date include conservative measures, pain medication, physical therapy, and ice. The diagnosis is left acromioclavicular joint pain. In a progress note dated 12/17/14 the treating provider recommends a left distal clavicle excision, noting that an injury may many times increase the symptoms of pre-existing arthritis. On 01/19/15 Utilization review non-certified left shoulder arthroscopic distal clavicle excision, citing MTUS and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Distal Clavicle Excision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter(updated 02/27/15)-partial claviclectomy.

Decision rationale: The ODG guidelines list the criteria for a partial claviclectomy to include severe degenerative joint disease(DJD) of the acromioclavicular (AC) joint. Images do not show the patient has this. Another criteria the guidelines list is complete or incomplete separation of the AC joint. The patient does not have this. Guidelines indicate that the patient should also have a positive bone scan for AC joint separation. The patient does not have this. Thus, the requested treatment: Left shoulder Arthroscopic distal clavicle excision is not medically necessary and appropriate.