

Case Number:	CM15-0131798		
Date Assigned:	07/20/2015	Date of Injury:	05/21/2013
Decision Date:	08/20/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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: Minnesota, Florida

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 47 year old male, who sustained an industrial injury on 5/21/13. The injured worker has complaints of pain in his shoulder. The documentation noted that the injured worker demonstrates forward flexion on the order of about 95-100 degrees, abduction about the same. Passive range of motion is roughly about the same, maybe slightly more and maybe forward flexion about 120 degrees. The diagnoses have included left shoulder acromioclavicular (AC) joint pain. Treatment to date has included injections and left shoulder arthroscopy on 11/25/14. The request was for left shoulder arthroscopy, distal clavicle resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, Distal Clavicle Resection: Overturned

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 ODG: Section: Shoulder, Topic: Partial claviclectomy.

Decision rationale: The injured worker is a 47-year-old male with a date of injury of 5/21/2013. He underwent arthroscopy of the left shoulder with partial debridement of a labral tear and arthroscopic subacromial decompression on 11/25/2014. His postoperative diagnosis was impingement syndrome and partial thickness rotator cuff tear as well as labral tear of the left shoulder. The acromioclavicular joint was also addressed with excision of a part of the clavicle per operative report. Initially he did not receive any physical therapy; however, a follow-up note dated 1/26/2015 indicates that formal physical therapy was recommended at that time. Examination on that day revealed 95-100 of flexion, abduction about the same, internal rotation to the left hip pocket and passive range of motion slightly more with a forward flexion of 120. The injured worker reported that he was improved compared to the status before the surgery but he felt like the stiffness and scarring needed to be worked out. A subsequent follow-up note of 3/9/2015 documents pain at the left acromioclavicular joint for which a corticosteroid injection was given. Documentation indicates that he was receiving physical therapy at that time although the number of visits were not reported. He had done 3 weeks of physical therapy. The next follow-up note is dated April 23, 2015 and indicates recurrent pain at the acromioclavicular joint. He completed formal physical therapy and was on a home exercise program. Surgical treatment for the acromioclavicular joint was recommended. California MTUS does not address specific indications for a Mumford Procedure. ODG guidelines are therefore used. ODG indications for partial claviclectomy (Mumford procedure) include conservative care for at least 6 weeks directed towards symptom relief prior to surgery, subjective clinical findings of pain at the acromioclavicular joint and aggravation of pain with shoulder motion, objective clinical findings of tenderness over the acromioclavicular joint and pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial plus imaging clinical findings of posttraumatic changes of the acromioclavicular joint or severe degenerative joint disease. In this case, the provider has documented convincing evidence of physical therapy as well as an injection into the acromioclavicular joint with pain relief documented and subsequent recurrence. There is tenderness over the acromioclavicular joint. The provider is requesting arthroscopy with partial claviclectomy which is appropriate in this case. As such, the request is medically necessary and has been substantiated.