

Case Number:	CM15-0134449		
Date Assigned:	07/22/2015	Date of Injury:	12/28/2013
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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: Montana, Oregon, Idaho
 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 46-year-old female who sustained an industrial injury on 12/28/13. Initial complaints and diagnoses are not available. Treatments to date include right shoulder surgery, physical therapy, injections, and home exercise program. Diagnostic studies are not addressed. Current complaints include continued right shoulder pain. Current diagnoses include status post right shoulder arthroscopy, debridement of undersurface rotator cuff fraying, debridement of labral fraying and subacromial decompression. In a progress note dated 06/11/15, the treating provider reports the plan of care as right shoulder distal clavicle excision. The requested treatments include right shoulder distal clavicle excision and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Distal Clavicle Excision: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. 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 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 6/11/15 does document objective signs of pain localized to the AC joint. It also documents relief of symptoms with an anesthetic injection into the AC joint. However, the documentation fails to provide radiology reports significant osteoarthritis of the AC joint. Therefore, the determination is for the request for shoulder arthroscopy and distal clavicle excision is not medically necessary.

Associated Surgical Service: 12 sessions of Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Acromioclavicular joint dislocation (ICD9 831.04): AC separation, type III+: 8 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. The guidelines recommend initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.