

Case Number:	CM15-0138832		
Date Assigned:	07/28/2015	Date of Injury:	06/27/2013
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This is a 49 year old male with a June 27, 2013 date of injury. A progress note dated June 15, 2015 documents subjective complaints (posterior right shoulder pain resolved with therapy and home exercise but continues to have severe pain over the lump at the acromioclavicular joint aggravated by abduction and reaching across the body), objective findings (decreased range of motion of the right shoulder with marked tenderness at the acromioclavicular joint; elevation of the distal clavicle which is reproducible with pressure; pain with cross body abduction), and current diagnoses (chronic third degree with acromioclavicular separation). Treatments to date have included physical therapy, imaging studies, hoe exercise, and cortisone injections. The treating physician documented a plan of care that included one right open acromioclavicular joint reconstruction including resection of the distal clavicle and reconstruction of the coracoclavicular ligaments with allograft and internal fixation and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right open ac joint reconstruction including resection of the distal clavicle and reconstruction of the coracoclavicular ligaments with allograft and internal fixation:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: CA MTUS/ACOEM are silent on the issue of surgery for AC separation. ODG shoulder is referenced and surgery is not recommended. ODG recommends that chronic separations be treated like AC joint arthritis with resection of the distal clavicle for continued pain after steroid injection has failed. In this case, the request is for a procedure not recommended by the guidelines and is not medically necessary.

One pre-op CBC and CMP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One pre-op EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Twelve post op physical therapy visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One cold therapy unit/immobilizer: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.