

Case Number:	CM15-0138914		
Date Assigned:	07/28/2015	Date of Injury:	07/23/2012
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
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: Illinois, California, Texas
 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 injured worker is a 68-year-old male who sustained an industrial injury on 7/23/12, relative to a trip and fall. Past medical history was positive for diabetes and hypertension. Past surgical history was positive for right total knee arthroplasty in 2003, left partial knee arthroplasty in 2006, and right shoulder reverse shoulder arthroplasty on 7/3/13. The 5/6/15 treating physician report cited on-going severe debilitating right shoulder pain. He underwent a reverse shoulder arthroplasty in 2013 and this had been bothering him ever since. He had trouble sleeping and trouble with activities of daily living. He was taking non-steroidal anti-inflammatory medication and using topical medications to try to alleviate the pain. He had corticosteroid injections and additional physical therapy which had not been helpful. A work-up for infection had been negative. A bone scan had been ordered to rule out loosening and occult infection, but had been denied. The treatment plan does a request for reconsideration of the bone scan to alleviate concerns regarding offering him a revision of the total shoulder. The only other option was chronic pain management. The 6/11/15 treating physician report cited continued right shoulder pain. Pain was localized over the AC joint. Physical exam documented no redness, swelling, warmth or effusion. There was tenderness at the AC joint extending down to the coracoid process. X-rays of the right shoulder revealed stability and good positioning of the shoulder components. There was irregularity and sclerosis, as well as narrowing of the AC joint. A bone scan had repeatedly been denied. The treating physician felt that at least a good portion of his symptoms was coming from the arthritic AC joint. A corticosteroid injection into the AC joint was performed with a positive response. Authorization was requested for a right shoulder open

distal clavicle resection with surgical assist. The 6/23/15 utilization review non-certified the request for a right shoulder open distal clavicle resection with surgical assist has there was no documentation of any previous treatment with a corticosteroid injection for AC joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Open Distal Clavicle Resection with Surgical Assist: Overturned

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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Partial claviclectomy and Other Medical Treatment Guidelines Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines provide specific criteria for partial claviclectomy includes 6 weeks of conservative treatment directed at symptom relief, subjective findings of pain at the AC joint and aggravation of pain with shoulder motion or carrying weight, plus objective clinical findings of tenderness over the AC joint and/or pain relief obtained with a diagnostic injection, and conventional films of AC joint post-traumatic changes, or severe degenerative joint disease, or AC joint separation. Evidence based medical guidelines support the use of an assistant surgery for open distal clavicle resection. Guideline criteria have been met. This injured worker presents with persistent debilitating right shoulder pain localized over the AC joint following a reverse total shoulder arthroplasty. Clinical exam findings were consistent with x-ray evidence of post-traumatic changes of the AC joint. There was no evidence of hardware loosening or failure. Work-up for infection has been negative. A positive diagnostic injection test to the right AC joint was documented. Detailed evidence of at least 6 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.