

Case Number:	CM15-0142330		
Date Assigned:	08/03/2015	Date of Injury:	01/23/2015
Decision Date:	09/08/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/22/2015

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 29-year-old male who sustained an industrial injury on January 23, 2015 resulting in right shoulder pain. He was diagnosed with internal derangement of the right shoulder; muscle spasm; and, pain of the right shoulder. Treatment has included cortisone injections, ice, heat, home exercise, and medication, but he continues to report pain, tenderness and clicking in the right shoulder, and difficulties with range of motion. The treating physician's plan of care includes right shoulder arthroscopy with distal clavicle excision, including post-surgical right shoulder abduction sling with a pillow, and 18 post-operative physical therapy sessions. He has been on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, distal clavicle excision: Overturned

Claims Administrator 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 (Acute & Chronic), Surgery for SLAP lesions.

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 orthopedic exam dated 4/16/2015 is noted. The pain started acutely after lifting a heavy box on 1/23/2015. Treatment had included an injection which provided minimal but temporary relief. A home exercise program has been documented. On exam, forward flexion was 165 and abduction 165. External rotation was 45 and internal rotation to T12. There was tenderness to palpation over the acromioclavicular joint. X-rays revealed degenerative changes of the acromioclavicular joint with subchondral sclerosis and cyst formation about the distal clavicle. There was suggestion of an inferior distal clavicle bone spur. The MRI scan was reported to show moderate acromioclavicular joint degenerative changes and edema of the distal clavicle. The assessment was labral tear and acromioclavicular arthritis. An MR arthrogram was requested. MR Arthrogram dated 6/3/2015 pertaining to the right shoulder was reported to show degenerative changes of the acromioclavicular joint associated with marked irregularity. Intense edema and pericapsular edema involving the joint. Findings were compatible with active inflammatory changes/degeneration. The labrum was intact. A Mumford procedure is requested. The California MTUS guidelines do not include criteria for distal claviclectomy. ODG guidelines are therefore used. The guidelines necessitate 6 weeks of conservative care prior to surgery plus subjective clinical findings of pain at the acromioclavicular joint and aggravation of pain with shoulder motion or carrying weight plus objective clinical findings of tenderness over the acromioclavicular joint and pain relief obtained with an injection of anesthetic for a diagnostic therapeutic trial plus imaging clinical findings of posttraumatic changes of the acromioclavicular joint or severe degenerative joint disease of the acromioclavicular joint or evidence of acromioclavicular separation with a positive bone scan. In this case, conservative treatment has been documented with an injection providing temporary relief as well as a home exercise program. Subjective clinical findings include pain over the acromioclavicular joint. There is localized tenderness to palpation. X-rays, MRI scan, and MR arthrogram show evidence of degenerative arthritis of the acromioclavicular joint. As such, the guideline criteria have been met and the request for arthroscopy with partial claviclectomy is supported and the medical necessity of the request has been substantiated.

Associated surgical services: Purchase of right shoulder abduction sling with pillow:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Postoperative abduction pillow sling.

Decision rationale: ODG guidelines recommend a postoperative abduction pillow sling as an option following open repair of large and massive rotator cuff tears. The purpose of the pillow sling is to take the tension off of the repair. The guidelines do not recommend an abduction pillow sling for partial claviclectomy or any other arthroscopic procedure. As such, the request for an abduction pillow sling is not supported and the medical necessity of the request has not been substantiated.

Associated surgical services: 18 Post-operative physical therapy visits: 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), Shoulder (Acute & Chronic), Physical therapy.

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

Decision rationale: The California MTUS postsurgical treatment guidelines do not address partial claviclectomy. However, it is usually performed along with subacromial decompression for impingement syndrome. Therefore, those guidelines are used. For impingement syndrome the guidelines recommend 24 visits over 14 weeks. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing functional improvement a subsequent course of therapy of the remaining 12 visits may be prescribed. The request as stated is for 18 visits which exceeds the guideline recommendations and as such, the medical necessity of the request has not been substantiated.