

Case Number:	CM15-0167275		
Date Assigned:	09/04/2015	Date of Injury:	11/25/2014
Decision Date:	10/07/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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, Oregon, Washington
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 51 year old male with a November 25, 2014 date of injury. A progress note dated July 20, 2015 documents subjective complaints (right shoulder pain; symptoms slightly improved), objective findings (acromioclavicular separation on the right; decreased range of motion of the right shoulder; positive cubital tunnel test; decreased grip strength on the left), and current diagnoses (acromioclavicular separation; carpal tunnel syndrome; cubital tunnel syndrome). Treatments to date have included work restrictions and imaging studies. The treating physician documented a plan of care that included acromioclavicular ligament reconstruction, Weaver-Dunn procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

AC Ligament Reconstruction, Weaver-Dunn Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209 table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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) Indications for Surgery -- Acromioclavicular dislocation.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. In this case, the exam note from 7/20/15 does not demonstrate evidence satisfying the above criteria except for AC separation. Therefore, the determination is for non-certification. According to ODG, the surgical treatment of AC separations is not recommended. Patients with AC joint separation may be treated conservatively. The expected period of pain is three weeks, with the pain gradually decreasing. If pain persists after recovery and return to activities, resection of the outer clavicle is sometimes done after six months to one year, although local cortisone injections can be tried. Conservative treatment of AC dislocations is 21% more likely to result in a satisfactory outcome than surgical treatment, and the need for additional surgery is 7.4 times more likely and infection is 3.2 times more likely with surgical management. Patients with surgical treatment also reported longer time to return to work. (Hootman, 2004)ODG

Indications for Surgery -- Acromioclavicular dislocation: Not recommended, but if used anyway, Criteria for surgical treatment of acromioclavicular dislocation with diagnosis of acute or chronic shoulder AC joint separation: 1. Conservative Care: Recommend at least 3 months. Most patients with grade III AC dislocations are best treated non-operatively. PLUS2.

Subjective Clinical Findings: Pain with marked functional difficulty. PLUS3. Objective Clinical Findings: Marked deformity. PLUS4. Imaging Clinical Findings: Conventional x-rays show Grade III+ separation. The above request is not medically necessary.