

Case Number:	CM15-0180136		
Date Assigned:	09/22/2015	Date of Injury:	12/01/2014
Decision Date:	11/23/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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:

The injured worker is a 55 year old male with an industrial injury dated 12-01-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder impingement with acromioclavicular joint (AC) joint arthritis. Medical records (12-01-2014 to 07-31-2015) indicate ongoing right shoulder pain. Objective findings (07-31-2015) revealed full range of motion in the right shoulder, no tenderness over the acromioclavicular joint (AC) joint, positive Hawkin's and Neer impingement signs, and mild weakness with rotator cuff testing. The treating physician reported that the X-ray of the right shoulder revealed early degenerative changes of the acromioclavicular joint (AC) joint. The treating physician also reported that the MRI of the right shoulder revealed partial thickness tear of the supraspinatus with subacromial anti-inflammatory changes, a down sloping acromion, degenerative changes of the acromioclavicular joint (AC) joint, and inflammation around the long head of the biceps. Treatment to date has included MRI of the right shoulder 12-2014, MR arthrography of the right shoulder on 3-11-2015, X-ray of right shoulder on 12-01-2014, prescribed medications, physical therapy, two injections (6-1-2015 and 6-8-2015), rest, activity modifications, and periodic follow up visits. The treating physician prescribed services for one right shoulder arthroscopy, subacromial decompression, possible acromioclavicular joint resection, one pre-op medical clearance, one shoulder sling, one cold therapy unit and post op physical therapy sessions. The original utilization review determination (08-18-2015) non-certified the request for one right shoulder arthroscopy, subacromial decompression, possible acromioclavicular joint resection,

one pre-op medical clearance, one shoulder sling, one cold therapy unit and post op physical therapy sessions .

IMR ISSUES, DECISIONS AND RATIONALES

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

One right shoulder arthroscopy, subacromial decompression, possible acromioclavicular joint resection: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. 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 is 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 imaging does not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the request is not medically necessary.

One pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: One shoulder sling: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: One cold therapy unit: Upheld

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

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

12 Post op physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.