

Case Number:	CM15-0185625		
Date Assigned:	09/25/2015	Date of Injury:	04/26/2015
Decision Date:	12/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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 34-year-old male who sustained an industrial injury on 4/26/15. Injury occurred when he was running and tripped in a gopher hole and fell down, landing on his left shoulder. The 4/26/15 left shoulder CT scan impression documented acromioclavicular (AC) joint dislocation with no acute fracture. The 5/1/15 initial orthopedic evaluation documented pain localized to the shoulder area and aggravated by movement. Physical exam documented an obvious deformity near the AC joint with prominence of the distal clavicle. There was marked tenderness to palpation and the clavicle appears to be slightly superior and posterior compared to the acromion. There was limited range of motion due to pain. X-rays documented a grade 3 separation of the AC joint. The injured worker was prescribed pain medication and an open reduction and internal fixation was recommended. The 6/15/15 left shoulder MRI findings were consistent with an active inflammatory process involving the joint space with mild soft tissue edema anterior to the joint space. There as mild supraspinatus tendinosis and occult rotator cuff tears could not be excluded. The 8/12/15 orthopedic report cited sharp left shoulder pain with lifting and pain inside the joint. Left shoulder exam documented positive impingement, Speed's, O'Brien's, apprehension, and relocation tests. Authorization was requested for left shoulder arthroscopy with possible cuff repair, possible labral repair, subacromial decompression and Mumford procedure, postoperative physical therapy 2 times a week for 6 week, cryotherapy unit for 7 day rental, and an Arc sling for 6 weeks. The 8/21/15 utilization review non-certified the left shoulder arthroscopy with possible cuff repair, possible labral repair, subacromial decompression and Mumford procedure and associated surgical requests as there was no

documentation of conservative treatment, including physical therapy. The 8/26/15 orthopedic surgery report cited persistent left shoulder pain, instability and significant bony prominence. He had difficulty lifting and pain within the shoulder joint. Left shoulder exam documented positive Hawkin's, Neer, Speed's, O'Brien's, apprehension, and relocation tests. There was 5/5 motor strength. There was a significant prominence and superior dislocation of the AC joint with tenderness and slightly irregular mobility. Left shoulder range of motion was documented as 175 degrees forward flexion/abduction, external rotation 90 degrees, and internal rotation to T12 with pain. The diagnosis was AC joint separation. Appeal of the surgical denial was requested as waiting 6 to 12 months for surgery would likely result in higher disability and increased magnitude of the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with possible cuff repair, possible labral repair, subacromial decompression and mumford procedure: Overturned

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for AC joint separation.

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 California MTUS stated that patients with acromioclavicular (AC) joint separation may be treated conservatively. If pain persists after return to activities, resection of the outer clavicle may be indicated, although local cortisone injections can be tried. The Official Disability Guidelines do not recommend surgery for AC joint separation. Criteria for surgical treatment of acromioclavicular dislocation with a diagnosis of acute or chronic shoulder AC joint separation indicate that most patients with grade 3 dislocations are best treated non-operatively. Conservative treatment is recommended for at least 3 months. Subjective clinical findings of pain with marked functional difficulty, marked deformity on clinical exam, and conventional x-rays show grade III+ separation. Guideline criteria have been met. This injured worker is status post traumatic grade 3 AC joint separation with persistent pain, instability, and marked deformity. There is functional difficulty noted in lifting. Clinical exam findings were consistent with imaging evidence of grade III AC joint separation. Evidence of up to 4 months of a recent, reasonable conservative treatment is documented. Therefore, this request is medically necessary.

Postoperative physical therapy 2 times a week for 6 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for acromioclavicular joint separation suggest a general course of 8 post-operative visits over 8 weeks during the 6-month post-surgical treatment period. Guidelines for impingement surgery and rotator cuff repair support up to 24 visits over 14 weeks. An initial course of therapy would be supported for one-half the general course or 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and is consistent with guidelines. Therefore, this request is medically necessary.

DME Cryo unit for 7 day rental: Overturned

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 Official Disability Guidelines (ODG) Shoulder: Continuous flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. This request is consistent with guidelines. Therefore, this request is medically necessary.

Arc sling for 6 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Activity Modification.

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Slings are recommended as an option for patients with acromioclavicular separations or severe sprains. Guideline criteria have been met. The use of a post-operative sling is generally indicated. Therefore, this request is medically necessary.