

Case Number:	CM15-0187638		
Date Assigned:	09/29/2015	Date of Injury:	05/16/2014
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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 injured worker is a 67-year-old female who reported an industrial injury on 5-16-2014 versus 5-14-2014. Her diagnoses, and or impressions, were noted to include right rotator cuff partial-thickness tear with chronic impingement, status-post-industrial right upper extremity stress-strain. No current imaging studies were noted. Her treatments were noted to include consultations and diagnostic studies. The comprehensive orthopedic progress notes of 7-6-2015 reported: a 2nd opinion orthopedic surgical consultation due to persistent symptoms despite all attempts of aggressive conservative management, including over 10 visits of physiotherapy, various medications and the passage of time; report that surgery had been indicated and was there for a 2nd opinion; and a pain level of 9 out of 10. The objective findings were noted to include: no apparent distress; decreased bilateral shoulder range-of-motion, right > left; severe supra-spinatous tenderness; moderate greater tuberosity and "AC" joint tenderness; mild biceps tendon tenderness; positive right subacromial crepitus; decreased muscle strength and tone of the right upper extremity; mild decreased right biceps, triceps and brachioradialis reflexes; and positive right "AC" joint compression test with positive impingement I, II, & III tests. The physician's requests for treatment were noted to include that the magnetic resonance imaging scan of the right shoulder revealed supraspinatus and infraspinatus tendinosis with partial-thickness rotator cuff tear and acromioclavicular joint degenerative joint disease; that she was an excellent candidate for arthroscopic right shoulder decompression, distal clavicle resection, and labral and-or rotator cuff debridement pending current right shoulder magnetic resonance imaging study findings. The Request for Authorization, dated 7-6-2015, was noted to include arthroscopic right shoulder decompression, distal clavicle resection, and labral and-or rotator cuff debridement; and pre-operative medical clearance. The Utilization Review of 8-26-2015 non-certified the request for right shoulder arthroscopic decompression, distal clavicle resection and labral and-or rotator cuff debridement; and pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic decompression, distal clavicle resection and labral and or rotator cuff debridement right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Partial Claviculectomy.

Decision rationale: According to the CA MTUS Guidelines, recommendations are made for surgical consultation when there are red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviculectomy, states surgery is indicated for posttraumatic 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 exam note from 7/6/15 and the imaging findings to include the MRI do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore, the request is not medically necessary.

Pre-operative medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.