

Case Number:	CM15-0207275		
Date Assigned:	10/26/2015	Date of Injury:	05/20/2014
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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 46 year old male who sustained an industrial injury on 05-20-2014. MRI of the right shoulder performed on 06-05-2015 showed no acute findings. No full thickness rotator cuff tear was found. Mild-moderate tendinosis of the supraspinatus and infraspinatus tendons near their insertions, without significant tearing was noted. Moderate degenerative osteoarthritis at the acromioclavicular joint was noted. There was minimal subacromial spurring with trace fluid in the subacromial-subdeltoid bursa, which may represent mild bursitis was noted. There were no other significant findings. An authorization request dated 06-19-2015 was submitted by the chiropractic provider. The requested services included viable lift of distal clavicle. According to a progress report (by orthopedic surgery specialty) dated 09-02-2015, the injured worker was seen for orthopedic re-evaluation. The injured worker noted improvement in pain of his right shoulder following a cortisone injection on his previous visit. However, he continued to report cracking, popping and catching and some weakness and pain with overhead use of the arm. Physical examination of the right shoulder demonstrated active and passive forward flexion at 170 degrees. There was a positive impingement sign and reproducible pain when testing the supraspinatus tendon against resistance. Strength was globally intact. Abduction was to 90 degrees, external rotation to 90 degrees. There was pain with cross body maneuvers and tenderness over the AC joint. Diagnoses included right shoulder sprain strain and thoracic sprain strain. The provider noted that the injured worker had not had an adequate course of physical therapy for his shoulder. The provider noted that the injured worker would be referred to undergo physical therapy for the right shoulder 3 times a week for 4 weeks. Written prescriptions included Celebrex. The provider noted that if there was no improvement with physical therapy and following the two cortisone injections, that he may ultimately require surgical intervention. Work

status included total temporary disability. According to a chiropractic progress report dated 09-09-2015, the injured worker had not been approved for surgery. The injured worker was not responding as expected. The provider noted that the orthopedic surgeon wanted to do surgery and that this was appropriate. On 09-14-2015, an authorization request dated 09-14-2015. The requested services included re-evaluation: 10-14-2015; physical therapy for right shoulder 3 times a week for the next 4 weeks and prescription refill of Celebrex. On 10-13-2015, Utilization Review non-certified the request for "viable lift" of the distal clavicle, right as there was no such surgical procedure and the request was made by a chiropractor and not the surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viable lift of the distal clavicle, right: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Partial claviclectomy.

Decision rationale: Per available medical records, the injured worker underwent an MRI scan of the right shoulder on 6/8/2015 which revealed moderate degenerative arthritis of the acromioclavicular joint with osteophyte formation. No rotator cuff tear was noted. There were no acute findings. Per documentation of 5/6/2015, the diagnosis was impingement syndrome. California MTUS guidelines indicate surgery for impingement syndrome is subacromial decompression. However, 3-6 months of an exercise rehabilitation program with 2-3 corticosteroid injections and physical therapy need to be documented with trial/failure prior to surgical considerations. A similar nonoperative treatment program is also necessary for partial claviclectomy for acromioclavicular arthritis per ODG guidelines. In this case the current request is for viable lift of right distal clavicle. The surgery is requested by a chiropractor and probably represents a typographical error. A review of the chiropractic notes indicates that the term used was visible lift of the right clavicle as part of the physical examination. This is noted in the chiropractic records of 9/9/2015. He is also making the diagnosis of acromioclavicular separation which is not supported by the x-ray findings or the MRI findings which document acromioclavicular arthritis. In any case, the current request pertains to a visible lift of the right distal clavicle and does not describe the surgical procedure that is being requested. As such, the medical necessity of the current request is not established.