

Case Number:	CM15-0241658		
Date Assigned:	12/15/2015	Date of Injury:	11/01/2011
Decision Date:	12/16/2015	UR Denial Date:	11/20/2015
Priority:	Expedited	Application Received:	12/11/2015

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 65-year-old male who sustained an industrial injury on 11/1/11. Injury occurred while he was working as a janitor, but the specific mechanism of injury was not documented. He underwent left shoulder surgery for loose body removal, glenoid labral tear, and subacromial spurring on 5/10/13. The 9/21/15 treating physician report documented benefit with a subacromial and acromioclavicular (AC) corticosteroid injection test. Conservative treatment had also included stretching exercise, activity modification, and medications. The 11/17/15 treating physician report cited persistent grade 6-8/10 left shoulder pain with reaching or adduction. He complained of palpable crepitation with motion, pain with adduction, and a prominent AC joint. The injured worker was retired. Current medications included Meloxicam and hydrocodone. Left shoulder exam documented supraspinatus spasms, left AC joint tenderness and palpable swelling, and pain with cross chest adduction. Range of motion was flexion 170, abduction 170, external rotation 80, internal rotation 70, adduction 50, and extension 30 degrees. There was moderate crepitation with adduction and flexion motions. The 10/21/14 left shoulder x-rays showed narrowing of the glenohumeral joint and a prominence of the AC joint with moderate arthritic changes. The inferior spur had been removed, but the top of the AC joint had arthritis. MRI showed osteoarthritis of the glenohumeral and AC joints, intact rotator cuff, and an inferior spur off the acromion and a possible hairline fracture (one year old). The diagnosis included left shoulder impingement syndrome and osteoarthritis. Authorization was requested for arthroscopic debridement and open excision distal clavicle, left shoulder. The 11/20/15 utilization review non-certified the request for left shoulder arthroscopic debridement

and open distal clavicle excision as there was no documentation of recent physical therapy, and no imaging report documenting surgical pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic debridement and open excision distal clavicle, left shoulder: Overturned

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 Official Disability Guidelines (ODG) Shoulder: Arthroscopic debridement (for shoulder arthritis).

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines recommended shoulder arthroscopic debridement for arthritis when there is moderate to severe pain, functional disability interfering with activities of daily living, positive imaging findings of shoulder joint degeneration, and conservative treatment has been tried and failed for at least 6 months. Guidelines state that arthroscopic debridement is contraindicated when the patient is over 60 with humeral head deformity, large osteophytes and/or significant motion loss unless mechanical locking due to loose body. Guideline criteria have been met. This injured worker presents with persistent moderate to severe left shoulder pain. Functional limitations are noted in activities of daily living. Clinical exam findings are consistent with reported radiographic and imaging evidence of AC joint osteoarthritis and plausible impingement. A positive diagnostic injection test is documented. Evidence of long-term (at least 6 months) reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.