

Case Number:	CM15-0035590		
Date Assigned:	03/04/2015	Date of Injury:	09/10/2012
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/25/2015

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
 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 45 year old female, who sustained an industrial injury on 9/10/12. On 2/25/15, the injured worker submitted an application for IMR for review of circumferential removal of The Distal Clavicle, and Possible Rotator Cuff Repair. MRI left shoulder 11/18/14 demonstrates tendinosis of the supraspinatus tendon with fraying without frank tear of the rotator cuff. Mild acromioclavicular osteoarthritis is noted. Exam note from 1/9/15 demonstrates continued pain in the left shoulder with positive impingement sign and tenderness over the AC joint and over the greater tuberosity. The treating provider has reported the injured worker complained of continued left shoulder pain despite cortisone injection giving only slight relief. The diagnoses have included left shoulder rotator cuff tendinopathy/ impingement syndrome; cervical myofascial pain; status post right shoulder arthroscopic subacromial decompression. Treatment to date has included status post right shoulder arthroscopy (10/31/13); MRI left shoulder (11/18/14). On 1/26/15 Utilization Review non-certified circumferential removal of The Distal Clavicle, and Possible Rotator Cuff Repair. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Circumferential removal of The Distal Clavicle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Partial Claviclectomy.

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 exam note from 1/9/15 and the imaging findings from 11/18/14 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore, the determination is for non-certification.

Possible Rotator Cuff Repair: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for Rotator Cuff repair.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally, there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the MRI from 11/18/14 does not demonstrate a rotator cuff tear. The physical exam from 1/9/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore, the determination is for non-certification for the requested procedure.