

Case Number:	CM15-0035735		
Date Assigned:	03/04/2015	Date of Injury:	09/03/2012
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
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 41 year old female, who sustained a work/ industrial injury on 9/3/12 due to constant bending and stooping while taking picture of clients. She has reported symptoms of right shoulder, knee, and back pain. Prior medical history was not documented. The diagnoses have included patellar tendinitis, shoulder impingement, lumbosacral radiculopathy, knee burs, and shoulder sprain/strain. Treatments to date included physical therapy (8 sessions), subacromial injection, and medication. Diagnostics included a Magnetic Resonance Imaging (MRI) that did not demonstrate a lesion. Medications included Anaprox, Prilosec, and Ultram ER. The treating physician's report (PR-2) from 1/8/15 indicated ongoing low back pain, bilateral knee pain, and right shoulder pain with limited range of motion with diagnosis of acromioclavicular hypertrophy. There was mild bursitis of the subacromial space. Exam noted positive impingement and limited range of motion 100/90, deltoid strength of 4/5, and tenderness to palpation over the acromioclavicular joint. The treating physician requested a right shoulder arthroscopy with subacromial decompression and possible Mumford procedure. On 2/5/15, Utilization Review non-certified Right shoulder arthroscopy with subacromial decompression and possible Mumford procedure citing the California Medical treatment Utilization Schedule (MTUS) Guidelines; American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with subacromial decompression and possible Mumford procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210 - 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, as well as Wheelless Online.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: Based upon the CA MTUS Shoulder Chapter. Pgs 209-210 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 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 01/08/15 and the imaging findings from 01/08/15 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore, the determination is for non-certification.