

Case Number:	CM15-0046323		
Date Assigned:	03/18/2015	Date of Injury:	08/27/2013
Decision Date:	04/23/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/11/2015

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:

The injured worker is a 64-year-old male who sustained an industrial injury on 8/27/13, due to repetitive heavy lifting. He underwent left shoulder arthroscopy with rotator cuff repair, biceps tenodesis, acromioclavicular (AC) joint arthroplasty, extensive debridement, and subacromial decompression on 2/21/14. The 6/4/14 left shoulder MR arthrogram impression documented postsurgical changes with marked high-grade surface articular defect of the anterior supraspinatus, and evidence of biceps tenodesis. There was attenuation of the superior articular fibers of the subscapularis consistent with a chronic partial tear. There were subtle degenerative changes of the glenohumeral joint with a blunted labrum likely related to debridement. The patient was status post subacromial decompression and distal clavicle resection with intervening edema/fluid along the AC joint. The 8/26/14 left shoulder x-rays showed evidence of mild degenerative joint disease of the glenohumeral joint with a single metallic anchor consistent with a rotator cuff repair. Conservative treatment included corticosteroid injection medications, home exercise, activity modification, and post-operative physical therapy. The 1/9/15 treating physician report cited constant grade 9/10 neck and left shoulder pain, and occasional grade 8/10 right shoulder, left elbow and left hand/wrist pain. Physical exam documented significantly decreased left shoulder active range of motion, with tenderness to palpation over the AC joint. The diagnosis was status post left shoulder rotator cuff repair with residual decreased painful range of motion and underlying mild degenerative joint disease of the AC joint. The treatment plan noted that a left shoulder ultrasound was scheduled. Authorization was requested for left shoulder arthroscopy with distal clavicle resection. The injured worker remained a modified duty

status. The 2/20/15 utilization review non-certified the request for left shoulder arthroscopy with distal clavicle resection as there was no post-operative left shoulder MRI available for review and no evidence of participation in an exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with resection of distal clavicle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Partial claviclectomy.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines provide specific criteria for distal clavicle resection that include 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been met. This patient presents with persistent left shoulder pain following operative treatment on 2/21/14 with post-surgical imaging evidence of subacromial decompression and distal clavicle resection. Current physical exam documented residual decreased (not specified) painful range of motion and tenderness over the AC joint. There is no imaging evidence of post-traumatic AC joint changes, severe degenerative joint disease, or AC joint separation. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.