

Case Number:	CM15-0083088		
Date Assigned:	05/05/2015	Date of Injury:	12/16/2008
Decision Date:	06/03/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/30/2015

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, Indiana, Oregon
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 61-year-old male, who sustained an industrial injury on 12/16/2008. He has reported injury to the neck, right shoulder, and back. The diagnoses have included cervical sprain/strain; right rotator cuff sprain; right shoulder degenerative joint disease and impingement; low back pain; lumbar radiculopathy. Treatment to date has included medications, diagnostics, medial branch nerve blocks, physical therapy, and surgical intervention. Medications have included Ultram, Norco, Diclofenac/Misoprostol, Mobic, Naproxen, and Ibuprofen. A progress note from the treating physician, dated 04/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued right shoulder pain. Objective findings included crepitus at the acromioclavicular joint with a positive O'Brien sign; moderate stiffness with the shoulder; no improvement with physical therapy and conservative treatment; and continued symptoms to the right shoulder secondary to post-traumatic degenerative changes at the acromioclavicular joint causing anteromedial impingement. The treatment plan has included the request for right distal clavicle resection; and right shoulder diagnostic scope.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder diagnostic scope: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: 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. In this case, a diagnostic arthroscopy, by definition, is to evaluate not to treat an identified surgical lesion. Therefore, the requested procedure does not satisfy the guideline criteria and is not medically necessary.

Right distal clavicle resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Based upon the CA MTUS Shoulder Chapter Pgs 209-210 recommendations are made for surgical consultation when there is a red flag condition, 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 posttraumatic 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 imaging findings from MRI 8/20/13 do demonstrate only moderate DJD of the AC joint. There are no plain radiographs commenting on the degree of arthrosis. Therefore, the determination is not medically necessary.