

Case Number:	CM15-0084415		
Date Assigned:	05/29/2015	Date of Injury:	08/19/2012
Decision Date:	06/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/01/2015

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 62-year-old male, who sustained an industrial injury on August 19, 2012. He reported an injury to his left shoulder and left arm. Treatment to date has included physical therapy, acupuncture and Kenalog injections. Currently, the injured worker complains of pain and limited mobility in his left shoulder. On examination, the injured worker has positive Neer and Hawkins impingement signs and pain/stiffness with range of motion. An MRI of the left shoulder on October 15, 2014 revealed a low-grade partial articular surface tear of the supraspinatus tendon. The diagnoses associated with the request include partial articular surface tear of the supraspinatus. The treatment plan includes left shoulder diagnostic/operative arthroscopic debridement with acromioplasty, resection of coracoacromial ligament and bursa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Diagnostic/Operative Arthroscopic Debridement with Acromioplasty, Resection of Coracoacromial Ligament and Bursa, Possible Distal Clavicle Resection with Exam/Manipulation under Anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder and Other Medical Treatment Guidelines Lee et al. "Release of the coracoacromial ligament can lead to glenohumeral laxity: a biomechanical study" JSES 2001 vol 10 (1); 68-72.

Decision rationale: According to the CA MTUS/ACOEM Practice Guidelines, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3- 6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam notes do demonstrate evidence satisfying the above criteria. Resection of the coracoacromial ligament is not address by CA MTUS or ACOEM. ODG is silent to other sources are cited above. Complete release of the CA ligament can lead to instability. Complete resection is not recommended so the request is not medically necessary.

Associated Surgical Service: Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder and Other Medical Treatment Guidelines Lee et al. "Release of the coracoacromial ligament can lead to glenohumeral laxity: a biomechanical study" JSES 2001 vol 10 (1); 68-72.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.