

Case Number:	CM14-0183287		
Date Assigned:	11/10/2014	Date of Injury:	03/21/2014
Decision Date:	12/19/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/04/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40 year old male claimant with an industrial injury dated 03/21/14. An exam note dated 10/08/14 states the patient returns with neck, back and right shoulder pain. Current medications include Tylenol for pain. Upon physical exam the patient completed a positive impingement test, Neer, Hawkins, and O'Brien signs test. The patient was positive for acromioclavicular and subacromial tenderness. Range of motion of the right shoulder was decreased with 90' flexion and abduction with 50' internal/external rotation. The patient's right hand grip was decreased compared to the left. The patient completed a positive straight leg raise and upper/lower back motion was limited. Diagnosis is noted as a cervical sprain/strain, C4-5 disc protrusion to the right, right upper extremity radiculopathy, shoulder sprain/strain, right shoulder impingement, lumbar sprain/strain, anxiety and depression, and insomnia. Treatment includes a right shoulder arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder diagnostic arthroscopy, SAD, partial distal claviclectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, Acromioplasty, Partial Claviculectomy

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 209-210, 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 that is not present in the submitted clinical information from 10/8/14. 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 note from 10/8/14 does not demonstrate evidence satisfying the above criteria. The Official Disability Guidelines Shoulder section, Partial Claviculectomy, 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 notes from 10/8/14 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the request is not medically necessary.