

Case Number:	CM14-0183639		
Date Assigned:	11/10/2014	Date of Injury:	09/19/2012
Decision Date:	12/19/2014	UR Denial Date:	10/13/2014
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:

50 year old female claimant with an industrial injury dated 09/19/12. MRI of the right shoulder dated 05/14/14 demonstrates no evidence of a rotator cuff tear, mild osteoarthritis of the glenohumeral and AC joints, and trace subacromial/subdeltoid fluid in which was reflect mild bursitis. Conservative treatments have included physical therapy and injections with little benefit. Exam note 10/01/14 states the patient returns with right shoulder and neck pain. The patient complains of instability and radiation down to her arm with numbness and tingling in her fingers. Upon physical exam the patient demonstrated a limited range of motion with guarding and pain. The patient completed a positive Neer's test; along with shrug pain and arc of pain noted. There was evidence of tenderness present and the patient had a motor strength of 4/5. Treatment includes a right shoulder arthroscopy with subacromial decompression and excision distal clavicle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Right shoulder arthroscopy with subacromial decompression and excision distal clavicle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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, Acromioplasty, Partial Claviclectomy.

Decision rationale: According to the 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. 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 10/1/14. 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. 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 10/1/14 does not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the right shoulder arthroscopy with subacromial decompression and excision distal clavicle is not medically necessary and appropriate.

Associated surgical service: P.A. assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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, Acromioplasty, Partial Claviclectomy.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Pre-operative clearance including H&P, EKG and labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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, Acromioplasty, Partial Claviclectomy.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Post-operative physical therapy 2 times per week for 6 weeks (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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, Acromioplasty, Partial Claviculectomy.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.