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| Case Number: | CM14-0092013 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 03/21/2012 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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:

This is a 40-year-old female who sustained a vocational injury on 03/21/12 as a result of cumulative trauma to the shoulder while working as a warehouse worker. The medical records provided for review included the office note dated 04/24/14 that documented a diagnosis of right shoulder impingement syndrome, left shoulder rotator cuff tendinitis secondary to overuse, bilateral elbow lateral epicondylitis. The claimant was noted to have moderate to severe pain in her shoulder. Physical examination revealed a positive Neer, Hawkin's test, and greater tuberosity tenderness. Strength of resisted abduction was noted to be 4/5 and resisted external rotation strength was 4/5. The claimant also had a left shoulder positive Neer and Hawkin's test. Range of motion of the right shoulder was noted to be 170 degree of abduction, 170 degrees of forward flexion, 60 degrees of internal rotation, and 80 degrees of external rotation. The report of an MRI of the right shoulder, dated 03/30/14, revealed supraspinatus and infraspinatus tendinosis, with no other significant findings. Conservative treatment to date is documented to include anti-inflammatories and an injection. However, the only injection that was documented in the medical records for review was a lateral epicondyle injection of the elbow. There was no documentation supporting that the claimant underwent a shoulder injection either in the form of a subacromial injection or an intraarticular injection. This request is for a Right Shoulder Arthroscopy with Acromioclavicular Joint Resection and Subacromial Decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Acromioclavicular Joint Resection and Subacromial Decompression: 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): 209-211. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG); Shoulder Chapter: Partial Claviclectomy (Mumford Procedure)

Decision rationale: California ACOEM Guidelines note that prior to considering surgical intervention of the shoulder there should be documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion. In addition, there should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The ACOEM Guidelines also recommend that prior to considering surgical intervention in the form of Subacromial Decompression; there should be documentation of a continuous course of conservative treatment for a minimum of three to six months, which should include formal physical therapy, activity modification, anti-inflammatories, injection therapy, and a home exercise program. The Official Disability Guidelines for Ac Joint Resection note that prior to considering surgical intervention, there should be tenderness over the Acromioclavicular Joint and pain relief obtained with an injection of anesthetic for diagnostic and therapeutic value. In addition, there should be clear imaging evidence of posttraumatic changes of the Acromioclavicular Joint or severe DJD of the Acromioclavicular Joint. The documentation provided for review fails to establish the claimant has attempted, failed, and exhausted conservative treatment prior to considering surgical intervention. There is currently no documentation suggesting that there is significant pathology based on the diagnostic studies at the acromioclavicular joint, which would warrant surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines, the request for The Right Shoulder Arthroscopy with AC Joint Resection and Subacromial Decompression cannot be considered medically necessary.