

Case Number:	CM14-0212756		
Date Assigned:	12/30/2014	Date of Injury:	05/18/2012
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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
 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:

49 year old male claimant with an industrial injury dated 05/18/12. Exam note 10/09/14 states the patient returns with right shoulder pain surrounding the AC joint. Upon physical exam there was evidence of tenderness surrounding the AC joint with active compression. The rotator cuff revealed instability with rotation and abduction. The patient also demonstrated pain with the supraspinatus testing. Conservative treatments have included a steroid injection into the AC joint resulting in temporary pain relief. Treatment includes a left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left shoulder arthroplasty, debridement, subacromial decompression, distal clavicle resection biceps tenodesis with surgical assistant: 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, Partial Claviculectomy

Decision rationale: Based upon the CA MTUS Shoulder Chapter pages 209-210 recommendations are made for surgical consultation when there are red flag conditions, 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 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 10/9/14 does not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the determination is not medically necessary.