

Case Number:	CM15-0012680		
Date Assigned:	01/30/2015	Date of Injury:	07/16/2010
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/22/2015

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
 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 57 year old male, who sustained an industrial injury on 7/16/10. The injured worker has complaints of pain in his biceps, anterior rotator cuff and acromioclavicular joint. He reports it is dull and achy. The PR dated 1/8/15 noted that he denies numbness and tingling and gets relief from vicodin. The diagnoses have included pain/degenerative joint disease, right shoulder. Magnetic Resonance Imaging (MRI) of the right shoulder on 12/15/14 impression noted status post prior rotator cuff surgery; may consider MR arthrogram for further evaluation if clinically indicated; supraspinatus tendinosis; infraspinatus tendinosis; intramuscular ganglion cyst as described above; glenohumeral osteoarthritis with chondromalacia involving the labrum and acromioclavicular joint separation. According to the utilization review performed on 1/15/15, the requested Right shoulder Arthroscopy to remove IM cyst & Acromioclavicular joint resection has been non-certified. CA MTUS Shoulder Complaints and the ODG, Treatment for Workers Compensation, Online Edition Chapter, Shoulder and the ODG Indications for Surgery, Acromioplasty was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder Arthroscopy to remove IM cyst & Acromioclavicular joint resection:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acromioplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Partial Claviculectomy

Decision rationale: Based upon the CA MTUS Shoulder Chapter. Pgs 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. 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 note from 1/8/15 and the imaging findings from 12/15/14 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the determination is for non-certification.