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| <b>Case Number:</b>   | CM15-0015898 |                              |            |
| <b>Date Assigned:</b> | 02/03/2015   | <b>Date of Injury:</b>       | 02/03/2011 |
| <b>Decision Date:</b> | 03/31/2015   | <b>UR Denial Date:</b>       | 01/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/27/2015 |

### 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 33 year old male, who sustained an industrial injury on 2/3/11. He has reported low back pain and left shoulder pain after a fall at work with traumatic brain injury. The diagnoses have included traumatic brain injury, low back pain, headache, internal derangement left shoulder, and acromioclavicular joint separation left shoulder. Treatment to date has included medications, diagnostics and physical therapy. Exam note 12/5/14 demonstrates the injured worker complains of continued left shoulder pain and low back pain. He states that the voltaren gel and physical therapy helps the pain. Magnetic Resonance Imaging (MRI) of the left shoulder revealed grade III acromioclavicular joint separation with ossification and possibly non displaced tear. Physical exam revealed left shoulder tenderness over the acromioclavicular joint, motion of the shoulder is quite painful and pain is reproduced in adduction. Treatment recommendations by the orthopedic physician were surgery to reconstruct the shoulder joint with graft. Work status was temporary partial disability with modified work status desk only with no overghead reaching, pushing, pulling or lifting. On 1/6/15 Utilization Review non-certified a request for Left Shoulder Surgery to reconstruct the AC Joint with Cadaver Graft, noting that the procedure/surgery is not recommended per guidelines and there was no indication that the injured worker has undergone a trial of corticosteroid injections. The (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Surgery to reconstruct the AC Joint with Cadaver Graft: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**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. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. In this case the exam note from 12/5/14 does not demonstrate evidence satisfying the above criteria except for AC separation. There is lack of demonstration of injection or failed nonsurgical management to warrant AC joint reconstruction. Therefore the determination is for non-certification.