

Case Number:	CM15-0122080		
Date Assigned:	07/06/2015	Date of Injury:	06/01/2001
Decision Date:	07/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/24/2015

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, Indiana, Oregon
 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 59 year old female, who sustained an industrial injury on 6/1/01. The diagnoses have included cervical spondylosis without myelopathy and other post-surgical status. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, off work and other modalities. Currently, as per the physician progress note dated 1/21/15, the injured worker complains of tenderness of the right shoulder with neck pain. The objective findings reveal guarding and tenderness of the cervical spine and guarding and pain in the right shoulder. The current medications included Norco and Soma. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right shoulder dated 12/29/14 that reveals tendinosis, bursitis, joint effusion, findings consistent with acromioplasty, lateral downsloping of acromion process, biceps tenosynovitis, subchondrial cyst, globular intrasubstance increase signal suggestive of degeneration versus partial tear, and Type II superior labral tear from anterior to posterior (SLAP) injury. The physician requested treatments included 1 Right shoulder arthroscopic surgery with excision of total end of clavicle and 1 Set of pre-op labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right shoulder arthroscopic surgery with excision of total end of clavicle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Partial claviclectomy (Mumford procedure).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Based upon the CA MTUS Shoulder Chapter, pages 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 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 1/21/15 and the imaging findings from 12/19/14 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. There has been no documentation of injection in the AC joint. Therefore the request is not medically necessary.

1 Set of pre-op labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.