

Case Number:	CM15-0077319		
Date Assigned:	04/28/2015	Date of Injury:	11/03/2013
Decision Date:	06/01/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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: Minnesota, Florida

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 35-year-old female, who sustained an industrial injury on 11/3/13. The injured worker has complaints of bilateral shoulder pain right greater than left. The diagnoses have included symptomatic right and left shoulder impingement syndrome with greater symptomatology on the right. Treatment to date has included anti-inflammatory medications; physical therapy; subacromial cortisone injections and magnetic resonance imaging (MRI). The request was for arthroscopic acromioplasty and distal clavicle resection to right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Acromioplasty and Distal Clavicle Resection to Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Online Version, Pastial Claviclectomy (Mumford procedure).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209,210, 211, 213. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Partial claviclectomy.

Decision rationale: The injured worker is a 35-year-old right-hand-dominant female with a history of bilateral shoulder pain. Per primary treating physicians report dated January 30, 2015 she developed onset of pain in her neck, upper back, right shoulder, right wrist, right hand, and left wrist. Per orthopedic evaluation of December 10, 2014 examination of the shoulders revealed normal appearance with no swelling or deformity. There was no muscle atrophy. Forward flexion was 160 and abduction 150 bilaterally. Impingement testing was positive bilaterally but rotator cuff signs were absent. There was no tenderness in the bicipital groove. Speed's and Yergason testing was negative. The acromioclavicular joint was tender bilaterally. MRI scan of the right shoulder dated 10/23/2014 was said to reveal supraspinatus tendinosis, subacromial and subdeltoid bursitis and acromioclavicular joint effusion and capsulitis. The surgical procedure requested is acromioplasty and resection of the lateral clavicle. California MTUS guidelines indicate surgical considerations for activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Surgery for impingement syndrome is usually arthroscopic decompression. The procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement, syndrome, or small tears. In this case no comprehensive non-operative treatment with an exercise rehabilitation program and corticosteroid injections has been documented. The diagnosis has not been confirmed with a subacromial injection of local anesthetic and corticosteroid preparation to document the pain source. As such, the request for arthroscopy of the right shoulder and subacromial decompression/acromioplasty is not supported by guidelines and the medical necessity of the request has not been substantiated. With regard to the request for distal clavicle resection of the right shoulder, ODG guidelines indicate partial claviclectomy after at least 6 weeks of conservative care with subjective findings of continuing pain at the acromioclavicular joint, aggravation of pain with shoulder motion, objective clinical findings of tenderness over the acromioclavicular joint and/or pain relief with an injection of anesthetic for diagnostic therapeutic trial plus imaging clinical findings of posttraumatic changes of acromioclavicular joint or severe degenerative joint disease of acromioclavicular joint or complete or incomplete separation of the acromioclavicular joint. In this case there has been no documented conservative care, a diagnostic injection has not been carried out, and the imaging studies do not show severe osteoarthritis of the acromioclavicular joint. As such, the request for partial claviclectomy is not supported and the not medically necessary.