

<b>Case Number:</b>	CM15-0099030		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	12/17/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 41 year old male, who sustained an industrial/work injury on 12/17/14. He reported initial complaints of left shoulder pain. The injured worker was diagnosed as having dislocation of acromioclavicular joint, grade III. Treatment to date has included medication, diagnostics, physical therapy, home exercises, and activity restriction. MRI results were reported on 2/11/15 revealed grade III AC (acromioclavicular) joint separation with a rupture of the coracoclavicular ligament and elevation of the distal clavicle after an acute AC joint separation injury. Currently, the injured worker complains of shoulder pain with limited range of motion. Per the orthopedic reevaluation report on 4/24/15, examination revealed 0-145 active forward flexion, forward elevation and abduction, and point tenderness. Current plan of care included left shoulder open Weaver-Dun procedure. The requested treatments include Outpatient diagnostic/operative left shoulder arthroscopy - possible Weaver Dunn procedure, Associated surgical service: assistant surgeon, Associated surgical service: pre-op medical clearance, including urine toxicology, Post op physical therapy - 18 sessions, Associated surgical service: cold therapy unit, Associated surgical service: electrical stimulation unit, Associated surgical service: sling with large abduction pillow, Associated surgical service: DVT compression unit with bilateral sleeves, and Associated surgical service: continuous passive motion (CPM) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient diagnostic/operative left shoulder arthroscopy - possible Weaver Dunn procedure (between 5/14/15 and 9/11/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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 4/24/15 does not demonstrate evidence satisfying non-operative criteria except for AC separation. Therefore the determination is not medically necessary.

**Associated surgical service: assistant surgeon (between 5/14/15 and 9/11/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: pre-op medical clearance, including urine toxicology (between 5/14/15 and 9/11/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Post op physical therapy - 18 sessions (between 5/14/15 and 9/11/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: cold therapy unit (between 5/14/15 and 9/11/15):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: electrical stimulation unit (between 5/14/15 and 9/11/15):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: sling with large abduction pillow (between 5/14/15 and 9/11/15):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: DVT compression unit with bilateral sleeves - 30 day rental (between 5/14/15 and 8/12/15):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: continuous passive motion (CPM) unit (between 5/14/15 and 8/12/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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