

<b>Case Number:</b>	CM13-0008511		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 28-year-old female who reported injury on 10/04/2010. The mechanism of injury was noted to be cumulative trauma and repetitive motion. Prior therapies included physical therapy and acupuncture. The injured worker underwent an MR arthrogram of the left shoulder, which revealed the injured worker was status post resection of the distal clavicle with postsurgical changes. There was no rotator cuff or labral pathology seen. Synovitis within the subscapularis recess with extension into the subcoracoid bursa was possibly related to the size of the intra-articular contrast bolus. The documentation of 10/16/2013 revealed the injured worker had some tendinopathy but no labral pathology. The injured worker complained of instability with drop arm/dead arm type syndrome radiating down her left upper extremity. The range of motion was decreased in flexion and internal and external rotation. The injured worker had a positive relocation sign and apprehension with external rotation. The injured worker had instability to posterior applied pressure on glenohumeral shift. The diagnosis was capsular labral instability. The treatment plan included a capsular labral reconstruction. The physician opined that the injured worker would be unlikely to have had primary impingement and, in all likelihood, had impingement secondary to instability. The injured worker had a decompression in the absence of stabilizing the capsule, which the physician further opined would lead to greater instability. As such, the capsular labral reconstruction was requested. The physician opined he would not have expected the injured worker's MR arthrogram to show any signs of labral pathology because the labrum was not torn. The injured worker had no Bankart and had no specific trauma and had classic signs of instability. The documentation of 11/13/2013 revealed the injured worker would not have a positive MRA and that the test was a complete waste of time due to the clinical symptomatology. The request had been denied based on a lack of labral tear.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **ONE LEFT SHOULDER CAPSULAR LABRAL RECONSTRUCTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitation more than 4 months, plus the existence of a surgical lesion, and a failure to increase range of motion and strength of musculature around the shoulder even after exercise programs, plus the existence of a surgical lesion on clinical and imaging findings. The clinical documentation submitted for review indicated the injured worker had undergone physical therapy and acupuncture treatment. However, there was a lack of documentation of the quantity, duration, and failure of such therapies. Given the above, the request for 1 left capsular labral reconstruction is not medically necessary.

### **12 POST OP PHYSICAL THERAPY SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.