

Case Number:	CM13-0015948		
Date Assigned:	10/11/2013	Date of Injury:	02/14/2003
Decision Date:	01/08/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 claimant is a 53-year-old gentleman who was injured in a work related accident on February 14, 2013. The clinical records specific to the claimant's left shoulder include a September 23, 2013 evaluation by [REDACTED] for continued complaints of pain and limited function about the left shoulder with ongoing discomfort. Physical examination on that date showed the shoulder to be with restricted range of motion with 120 degrees forward flexion and 120 degrees of abduction with a positive abduction sign and impingement. [REDACTED] diagnosed the claimant with left shoulder adhesive capsulitis, impingement syndrome, and a SLAP lesion. He recommended surgical intervention in the form of a left shoulder arthroscopy, lysis of adhesions, SLAP repair and possible open biceps tenodesis. Clinical imaging to the left shoulder that was reviewed included a left shoulder MRI report of June 13, 2013 that showed bicipital tendonitis with capsular thickening and partial detachment of the superior aspect of the anterior labrum. The claimant is noted to have failed conservative care. Surgery was requested as stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

left shoulder arthroscopy, lysis of adhesions, possible SLAP lesion repair and possible open biceps tenodeis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212. Decision based on Non-MTUS Citation ODG, Shoulder Procedures..

Decision rationale: CA MTUS ACOEM states that referral for surgical consultation may be indicated for patients who have: -Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.) -Activity limitation for more than four months, plus existence of a surgical lesion -Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion -Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The ODG specifically address the requested procedures and indicate that they are recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. The guidelines also state that consideration of tenodesis should include the following: Patient should be a young adult; not recommended as an independent stand alone procedure. There must be evidence of an incomplete tear.) with diagnosis of incomplete tear or fraying of the proximal biceps tendon (The diagnosis of fraying is usually identified at the time of acromioplasty or rotator cuff repair so may require retrospective review.) The claimant's imaging in this case demonstrates significant tendinosis to the biceps tendon as well as SLAP lesion confirmed by imaging. Imaging also confirms evidence of adhesive capsulitis demonstrated by capsular thickening. The available clinical imaging which demonstrates lesions that have been shown to benefit from surgical intervention and as such the requested procedures would be recommended as medically necessary. The request for left shoulder arthroscopy with lysis of adhesions, SLAP lesion repair and possible biceps tenodesis is medically necessary and appropriate.

30 post-operative physical therapy (PT) visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines and supported by Official Disability Guideline criteria, thirty sessions of postoperative therapy would not be supported. Guidelines would indicate the role of up to twenty-four sessions of therapy in the postoperative setting given the nature of the diagnosis in question. Furthermore, CA MTUS Postsurgical Rehabilitation Guidelines recommended only one half of the total allotted sessions of physical therapy visits for a given surgical procedure with assessment at the end of the initial treatment to determine if further therapy visits are medically necessitated. The request for 30 sessions of post-operative PT is not medically necessary and appropriate.