

Case Number:	CM13-0019364		
Date Assigned:	01/29/2014	Date of Injury:	04/26/2010
Decision Date:	04/14/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopaedic 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 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:

This 58-year-old male general manager/installer for [REDACTED] sustained an industrial injury relative to repetitive work duties, date of injury 4/26/10. The 8/20/12 cervical MRI documented mild to moderate central canal narrowing at C5/6, C6/7, and C7/T1, moderate neuroforaminal narrowing at C4/5 and C7/T1, severe bilateral foraminal narrowing at C5/6, and moderate to severe foraminal narrowing at C6/7. The 8/20/12 left shoulder MRI documented post-traumatic change of the acromioclavicular joint which appeared chronic, supraspinatus tendinosis with bursal sided fraying and mild associated bursitis, and degenerative tearing of the postero-superior labrum. The 11/12/12 treating physician report recommended left shoulder arthroscopy, bilateral carpal tunnel release, and consideration of anterior cervical fusion. Physical therapy was initiated on 11/13/12 for neck, bilateral shoulder, and bilateral wrist complaints. The patient underwent right carpal tunnel release on 1/31/13 and left carpal tunnel release on 5/7/13. The 6/10/13 progress report documented continued left shoulder pain with 150 degrees abduction and positive crank test. The treatment plan requested left shoulder arthroscopy as indicated for labral tear, followed by a Mumford procedure. The 7/8/13 progress report indicated the patient had constant left shoulder pain with left shoulder abduction of 140 degrees. The 8/12/13 progress report cited neck pain with tightness radiating into the right shoulder and hand. Loss of strength was reported and activities of daily living were diminished. The 11/13/13 progress report cited subjective complaints of extreme left shoulder pain, right shoulder tenderness, minor neck pain and stiffness, and numbness and tingling of the left 3rd, 4th, and 5th fingers and palm. Left shoulder range of motion was reported severely limited with tenderness over the supraspinatus, coracoid, bicipital groove, and acromioclavicular joint. Conservative treatment had included NSAIDs and 8 visits of physical therapy exercise with no functional improvement. Cortisone injections were reported as being not helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH TREATMENT AS INDICATED (FOR LABRAL TEAR) FOLLOWED BY A MUMFORD PROCEDURE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER, SURGERY FOR SLAP LESIONS; PARTIAL CLAVICULECTOMY (MUMFORD PROCEDURE)

Decision rationale: The request under consideration is for left shoulder arthroscopy with treatment as indicated for labral tear, followed by a Mumford procedure. The California MTUS guidelines do not provide recommendations for surgery in chronic shoulder conditions. The Official Disability Guidelines state that SLAP lesions may warrant surgical treatment in certain cases. Surgical intervention may be considered for patients failing conservative treatment. Mumford procedures are recommended with a diagnosis of post-traumatic acromioclavicular joint arthritis following at least 6 weeks of care directed toward symptom relief prior to surgery. Guideline criteria have been met. MRI findings documented post-traumatic acromioclavicular joint changes with degenerative tearing of the posterior superior labrum. Extreme left shoulder pain with severely limited range of motion and AC joint tenderness is reported. There is evidence that reasonable pharmacologic and non-pharmacologic treatment has failed to reduce symptoms and improve function. Therefore, this request for left shoulder arthroscopy with treatment as indicated for labral tear, followed by a Mumford procedure is medically necessary.