

Case Number:	CM13-0020170		
Date Assigned:	12/18/2013	Date of Injury:	03/22/2012
Decision Date:	04/24/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 44-year-old gentleman who was injured in a work related accident on March 22, 2012. Clinical records specific to the claimant's left shoulder included an MR arthrogram of the left shoulder dated May 23, 2012 showing a small humeral sided SLAP lesion as being "suspected". It was noted that the claimant failed recent conservative care and continued to have pain. The most recent clinical assessment for review was dated July 19, 2013 and noted that the claimant had continued complaints of pain in the left shoulder. It documented that he was initially treated for a brachial plexus injury. Physical examination showed minimal atrophy with full range of motion, +1 bicipital tenderness, 5/5 motor strength, no evidence of instability or further physical findings. He was diagnosed with a SLAP lesion. Based on failed conservative care and resolution of his brachial plexus injury, the recommendation for shoulder arthroscopic SLAP repair with an assistant surgeon was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left shoulder arthroscopic SLAP repair: 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), Section Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - SURGERY FOR SLAP LESIONS.

Decision rationale: The MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the request for arthroscopic SLAP repair would not be indicated. The employee's clinical imaging is nearly two years old and the findings are unclear. The employee's current physical examination demonstrates no indication of mechanical issues. Given the subacute clinical process, incomplete findings on imaging, and lack of documentation of conservative measures to date, the role of surgical intervention has not yet been established.

An assistant surgeon: 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.

Postoperative physical therapy (24 sessions): 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.

A six shooter sling: 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.