

Case Number:	CM13-0030554		
Date Assigned:	11/27/2013	Date of Injury:	07/22/2010
Decision Date:	01/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/30/2013

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 Pennsylvania. 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 patient is a 46-year-old laborer who sustained a left shoulder, neck and low back injury upon falling from an extension ladder. Records suggest that the patient had a Type 3 SLAP tear diagnosed by ultrasound. Ultrasounds cannot accurately detect intraarticular pathology such as a SLAP tear. Ultrasound is generally utilized more to evaluate the rotator cuff. A record from 08/09/13 suggested that the patient failed conservative treatment including physical therapy, corticosteroid injection, and medication. Surgery was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212, Impingement Syndrome.

Decision rationale: It is difficult suggest that surgery is necessary for a Type 3 SLAP tear, which has reportedly been diagnosed by ultrasound. However, records also suggest that the treating surgeon has also requested surgery to treat symptoms and exam findings of impingement. Specifically, there is a request for a concomitant treatment with a subacromial decompression and distal clavicle excision. The patient would appear to meet California MTUS

Guidelines for surgery for symptomatic impingement that fails conservative treatment. Specifically, guidelines allow for treatment of patients who fail at least three to four months of conservative care. The patient may in fact have a SLAP tear and degenerative SLAP tears are common in this age group and are often asymptomatic. Concomitant treatment of labral pathology could be reasonable at the time if the patient's impingement is addressed. The requested arthroscopy is recommended as medically necessary.