

Case Number:	CM13-0044443		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2012
Decision Date:	03/26/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 claimant is a 51-year-old male with a date of injury listed as 03/01/12. The records documented that the claimant had a history of left shoulder pain with overhead activities. It was documented that examination showed a positive Speed's test and a positive Hawkins test. The claimant failed to improve with physical therapy, medications, and a subacromial corticosteroid injection. Arthroscopic left shoulder surgery has been recommended. A previous left shoulder MRI was performed on 06/01/12 and was documented to show mild glenohumeral osteoarthritis and a possible posterior labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy decompression, SLAP (labral) lesion repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

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

Decision rationale: The claimant is over two years after the reported injury date and has symptoms and exam findings that may indicate shoulder impingement. The claimant reportedly had a transient but favorable response to a corticosteroid injection. This would indicate a

favorable prognosis for the requested left shoulder arthroscopic subacromial decompression. The MRI suggested a potential labral tear, and it would be reasonable to evaluate and treat the labrum as needed at the time of the operation. The claimant has failed sufficient conservative care to warrant to requested operation. ACOEM Guidelines generally allow for surgical treatment in patients that fail three to six months of conservative care. This claimant is now over two years after the reported date of injury. Consequently, the request for a left shoulder arthroscopy decompression, slap (labral) lesion repair is medically necessary and appropriate.