

Case Number:	CM13-0046844		
Date Assigned:	12/27/2013	Date of Injury:	10/04/2010
Decision Date:	03/05/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/01/2013

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 Texas. 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 28-year-old female who reported an injury on 10/04/2010. The mechanism of injury was not provided. The patient was noted to have an MR arthrogram of the left shoulder on 10/10/2013, which revealed the patient had no labral pathology. The inferior glenohumeral ligament was noted to be intact as was the superior glenohumeral ligament. It was indicated no middle glenohumeral ligament was seen. The patient was noted to be status post resection of the distal clavicle with post cervical changes. There was noted to be small foci of magnetic susceptibility artifact along the superior aspect of the glenohumeral joint likely micro metallic foci from previous surgery versus tiny intra-articular foci of gas from injection. The patient's main complaints were noted to be instability with a drop arm/dead arm type syndrome. The range of motion was noted to be decreased at 150 degrees of abduction, 140 degrees of flexion, 50 degrees of internal rotation, and 30 degrees of external rotation. The patient was noted to have a positive relocation sign on the left shoulder. The patient was noted to have apprehension with external rotation. On glenohumeral shift, the patient was noted to have instability to posterior applied pressure. The plan was noted to include an impingement secondary to instability and as such, the physician opined they should go ahead with a capsular labral reconstruction. The physician opined further that he would not expect the patient to have any signs of labral pathology as the labrum was not torn and the patient did not have a Bankart as she had no specific trauma and she was noted to have classic signs of instability. The request was made for a left shoulder capsular labral reconstruction and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left shoulder capsular labral reconstruction: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The California ACOEM Guidelines indicate that shoulder dislocation surgery is appropriate when there are multiple traumatic shoulder dislocations, if the shoulder has limited functional ability, and if muscle strengthening fails. Surgery can be considered for patients who are symptomatic with all overhead activities and patients who have had 2 or 3 episodes of dislocation and instability that limited their activity between episodes. The clinical documentation submitted for review failed to provide the patient had a history of multiple dislocations. There was a lack of documentation indicating the patient had trialed and failed conservative care including physical therapy. Documentation indicated the patient did not have a Bankart and had no specific traumatic event. Given the above, and the lack of documentation, the request for one left shoulder capsular labral reconstruction is not medically necessary.

Twelve (12) post-operative physical therapy sessions: 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).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,27.

Decision rationale: The California MTUS Postsurgical Guidelines indicate that the treatment for shoulder dislocation for a Bankart procedure is 24 visits with the original visits being half the recommended number. As the request for the left shoulder capsular labral reconstruction was not medically necessary, physical therapy is not medically necessary. Given the above, the request for twelve post-operative physical therapy sessions is not medically necessary.