MAXIMUS Federal Services

Case Number:	CM13-0047391		
Date Assigned:	12/27/2013	Date of Injury:	10/22/2012
Decision Date:	02/27/2014	UR Denial Date:	10/04/2013
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 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:

This claimant is a 27-year-old female who sustained an injury to the left shoulder while moving carts in a grocery store on 10/22/12. Clinical records reviewed in this case included an 08/05/13 assessment documenting continued complaints of pain about the left shoulder. Treatment to date has included medication management, physical therapy, activity restrictions, and work modifications. Physical examination performed by [redacted] showed the left shoulder with mildly restricted range of motion, tenderness to palpation, diminished strength at 4/5, a positive cross-body loading test, and positive impingement signs. The claimant was diagnosed with left shoulder pain and instability. Based on failed conservative care, surgical intervention in the form of arthroscopy with arthroscopic SLAP repair was recommended. Prior imaging for review included a left shoulder arthrogram dated 02/08/13 that showed no evidence of labral or rotator cuff tearing with partial-thickness tearing to the anterior band of the inferior glenohumeral ligament with associated posterior subluxation of the humeral head relative to the glenoid

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Diagnostic Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. 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: ACOEM Guidelines only recommend surgery in the presence of clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term. When looking at Official Disability Guideline criteria and ACOEM, the role of surgical arthroscopy to include a SLAP repair would not be indicated. The claimant's clinical imaging that was provided for review does not demonstrate labral pathology. The absence of positive labral pathology would not support the proposed surgical process to include a SLAP lesion repair. The specific clinical request in this case would not be indicated.

Left Shoulder Arthroscopic SLAP repair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: When looking at Official Disability Guideline criteria and ACOEM, the role of surgical arthroscopy to include a SLAP repair would not be indicated. The claimant's clinical imaging that was provided for review does not demonstrate labral pathology. The absence of positive labral pathology would not support the proposed surgical process to include a SLAP lesion repair. The specific clinical request in this case would not be indicated.

Pre-operative Antibiotics: 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.

Pre-operative appointment with PA: 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.

Durable Medical Equipment: 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.

Physical Therapy referral: 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.