

Case Number:	CM13-0048987		
Date Assigned:	12/27/2013	Date of Injury:	08/03/2011
Decision Date:	08/07/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 50 year old female who was injured on 08/03/2011 in the left shoulder secondary to a motor vehicle accident. Prior treatment history has included left shoulder injection, pain medications and physical therapy. The patient underwent left shoulder arthroscopic superior labrum anterior posterior (SLAP) repair; status post left shoulder arthroscopic subacromial decompression; status post left shoulder arthroscopic distal clavicle resection on 03/19/2012. Diagnostic studies reviewed include MRI arthrogram of left shoulder dated 09/05/2013 revealing tear of the superior labrum and biceps anchor and joint laxity around the rotator interval described. History following March 2012 surgery: In May 2012 the patient was prescribed medication for her hypertension. Her blood pressure continued to be elevated after that due to pain and emotional stress. Before July 2012 she had to stop Vicodin because it precipitated suicidal thoughts and other medications were substituted including Naproxen and hydrocodone. Participation in physical therapy helped to relieve the pain in her neck and back. Eventually, the left shoulder became the only problem I'm having. The patient reports that now she avoids taking pain medications because she has had adverse reactions to them. Authorization for a second surgery has been submitted. She is very ambivalent about the second surgery. Sometimes she thinks that she might refuse it because she will have no way to support herself after the surgery. She has no one to help her or take care of her if she has surgery. Consultation Physician note dated 11/18/2013 documented the patient to have complaints of musculoskeletal pain, gastrointestinal symptoms and frequent headaches as well as anxiety, depression and sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH SLAP REPAIR WITH 3-4 BLOMET JUGGERKNOT ANCHORS, SYNOVECTOMY AND DEBRIDEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Shoulder, Surgery For Slap Lesions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER, SURGERY FOR SLAP LESIONS.

Decision rationale: Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.)- Activity limitation for more than four months, plus existence of a surgical lesion- Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion- Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The medical records document that the patient underwent a previous left shoulder surgery in March 2012 with SLAP repair, subacromial decompression and distal clavicle resection. An MR Arthrogram obtained of the left shoulder on 9/5/2013 demonstrated a tear of the superior labrum and biceps anchor. Consideration for surgery requires clear detailed documentation establishing failure of non-invasive, conservative measures. In this case, the medical records do not document any attempts with medication, physical therapy, or injections. Additionally, there lack documentation of a thorough and detailed examination of the left shoulder establishing the existence of clinically significant functional deficits as would warrant a return to surgery at this time. Given these factors, the medical records do not establish the proposed surgical procedure is medically necessary at this time.

SLING W/ABDUCTION PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Shoulder, Postoperative abduction pillow sling.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST OP PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.