

<b>Case Number:</b>	CM13-0051540		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 56 year old with industrial injury 11/15/11. MRI right shoulder 2/9/12 reports findings of mild supraspinatus tendinosis with minimal involvement of subscapularis. Exam note from 8/29/13 demonstrates report of right shoulder complaints. Report of conservative measures recommended with medications and physical therapy. No documented physical examination or response to injection into the shoulder. No documented physical medicine notes in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopic Labral Repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), SLAP diagnosis

**Decision rationale:** According to the ACOEM Guidelines regarding Superior Labral Anterior Posterior and Labral tear, "Arthroscopic or open surgery is recommended for treatment of labral or superior labral anterior posterior (SLAP) tears. Indications: Symptoms, MRA or MRI findings and clinical suspicion of labral or SLAP tear that does not resolve after approximately 4 to 6

weeks of non-operative treatment. Most individuals over age 40 do not appear to require surgical repair, although a minority that fail to either resolve or trend towards resolution may need operative repair." In this case there is insufficient evidence to warrant labral repair secondary to lack of physical examination findings, lack of documentation of conservative care or characterization of the type of labral tear. Therefore determination is for non-certification.

**Right Shoulder Arthroscopic Subacromial Decompression and Possible Rotator Cuff**

**Repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Subacromial Decompression

**Decision rationale:** In this case there is insufficient evidence to warrant subacromial decompression secondary to lack of physical examination findings, lack of documentation of conservative care or response to anesthetic injection. Therefore determination is for non-certification.