

Case Number:	CM13-0053109		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2013
Decision Date:	05/22/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/18/2013

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 54-year-old who sustained an injury to the left shoulder in a January 27, 2013, work related accident. The clinical records available for review include an October 1, 2013, note that documents continued left shoulder pain increasing with activity. Physical examination findings showed restricted flexion to 150 degrees, abduction to 145 degrees with tenderness anteriorly, positive impingement, and diminished strength at 3/5. An orthopedic assessment dated November 12, 2013, showed tenderness over the anterior aspect of the shoulder with positive impingement and restricted motion. Though formal documentation of imaging was not provided, the treating physician states that a February 2013 MRI scan demonstrated no rotator cuff pathology but was positive for tendinosis, labral tear, paralabral cysts, and acromioclavicular joint hypertrophic changes. Based on the patient's failed conservative care, surgical arthroscopy with subacromial decompression and labral repair was recommended and is addressed here. This review also addresses a request for preoperative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE EVALUATION FOR SURGICAL CLEARANCE, LEFT SHOULDER: 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, this associated service is not medically necessary or appropriate.

SCOPE ARTHROSCOPIC SURGERY SAD LABRAL CUFF REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-561. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)), Surgery for SLAP (Superior Labrum Anterior Posterior) Lesions Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Surgery for SLAP (Superior Labrum Anterior Posterior) Lesions Chapter.

Decision rationale: According to the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, and the Official Disability Guidelines, arthroscopic surgery to include a subacromial decompression and labral repair would not be indicated in this case. While the patient reports continued pain, the records available for review do not document failed conservative care, including injection therapy. According to the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, failure to improve after three to six months of a full course of conservative care would support the need for surgical intervention for the diagnosis of impingement. The patient's MRI scan demonstrates a signal change to the labrum, a paralabral cyst and inflammation; it does not show full thickness rotator cuff pathology to support labral repair. The absence of documented conservative treatment does not satisfy guideline criteria. The request for scope arthroscopic surgery SAD (subacromial decompression) labral cuff repair is not medically necessary or appropriate.