

Case Number:	CM13-0054148		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2012
Decision Date:	05/06/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 claimant sustained an injury to the left upper extremity in a May 25, 2012, work-related accident. The clinical records available for review indicate that the patient underwent a left shoulder arthroscopy, debridement and subacromial decompression, performed by [REDACTED] on January 7, 2013. In an October 17, 2013, clinical record, [REDACTED] documents ongoing complaints of shoulder pain and documents the need for a revision left shoulder arthroscopy. The records do not demonstrate specific physical examination findings. A previous assessment, dated September 23, 2013, documents postoperative physical therapy and two subacromial injections, as well as continued complaints of weakness. An examination showed active abduction to 150 degrees, tenderness to the acromioclavicular joint and biceps tendon with well-healed portal sites. The claimant was diagnosed with "instability following arthroscopy." A labral repair was recommended at that time. No postoperative imaging studies were available for review. This request is for left shoulder revision arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER REVISION ARTHROSCOPY: 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), Diagnostic arthroscopy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure-Surgery For SLAP Lesions.

Decision rationale: California ACOEM Guidelines do not address revision arthroscopy. Official Disability Guidelines do not support the role of a labral repair in this case. While the treating physician has recommended revision arthroscopy, there is no documentation of postoperative imaging that would support an acute labral tear or subsequent need for operative intervention. Due to the absence of documentation on postoperative imaging, the requested surgery is not medically indicated.