

Case Number:	CM13-0055723		
Date Assigned:	12/30/2013	Date of Injury:	02/20/2011
Decision Date:	05/20/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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, a 51-year-old female, sustained an injury to the neck and right shoulder on 02/20/11. The records provided for review included a report of an MRI of the shoulder performed on 01/03/12 documenting evidence of a superior labral lesion and moderate rotator cuff tendinosis. The clinical progress report on 10/08/13 indicated ongoing complaints of pain in the shoulder with soreness and documented that the claimant had been attending physical therapy and received two prior corticosteroid injections. Examination showed markedly positive Neer and Hawkins testing, positive speed and Yergason's testing, and positive bicipital tenderness. Based on the claimant's clinical presentation and failed conservative care, surgical arthroscopy for the shoulder to include a decompression, bicep tenodesis, and evaluation for SLAP lesion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER DIAGNOSTIC AND OPERATIVE ARTHROSCOPY, DECOMPRESSION, DEBRIDEMENT, AND LIKELY BICEPS TENODESIS WITH EVALUATION FOR A SLAP LESION OF THE RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS 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, SLAP Lesion Section

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines (ODG), the request for diagnostic and operative arthroscopy, decompression, debridement, and likely biceps tenodesis with evaluation for a SLAP lesion of the right shoulder is recommended as medically necessary. According to the records for review the claimant has an MRI scan demonstrating a SLAP lesion with significant tendinosis. The claimant has failed to improve despite considerable conservative measures including two prior corticosteroid injectables. The claimant's physical examination is consistent with instability as well as bicipital tenderness. The recommended surgical process would be medically necessary according to guideline criteria.