

Case Number:	CM13-0062310		
Date Assigned:	12/30/2013	Date of Injury:	04/15/2009
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 is a 62-year-old gentleman who was injured in a work related accident on April 15, 2009. Clinical records pertaining to the claimant's right shoulder documented an operative report of June 14, 2011 for manipulation under anesthesia with an intraarticular steroid injection for the diagnosis of adhesive capsulitis. Additional medical records revealed that the claimant's initial surgical process was in July of 2010 for arthroscopy and decompression. A report of an MR arthrogram dated June 22, 2012 showed findings consistent with superior labral tearing as well as inferior labral tearing with extensive cartilage loss involving the glenoid and os acromion with no evidence of full thickness rotator cuff tearing. The most recent orthopedic assessment on November 5, 2013 by [REDACTED] documented continued complaints of pain in the arm despite conservative care including recent physical therapy. [REDACTED] documented review of the claimant's imaging including the MR arthrogram and noted tearing to the labrum. Working assessment was symptomatic paralabral cyst and labral tearing and the recommendation was made for a diagnostic "second look arthroscopy", possible resection of paralabral cyst and repair of the labrum as the claimant had failed to improve with conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY DECOMPRESSON LABRAL REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 506-561.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Surgery for SLAP lesions

Decision rationale: Based on the CA ACOEM 2004 Guidelines and the Official Disability Guidelines, the request for right shoulder arthroscopy, decompression, and labral repair cannot be recommended as medically necessary. The medical records regarding the claimant's current clinical picture do not contain any physical examination findings to support the acute need for surgery. Although it is documented that the claimant failed conservative treatment it is unclear what conservative treatment has been offered. The claimant's MR arthrogram findings from 2012 appear to be chronic in nature with significant underlying degenerative process. The claimant has already failed a prior arthroscopic procedure that led to a manipulation under anesthesia. The absence of the above information in conjunction with the claimant's prior unsuccessful improvement with previous arthroscopic procedures would fail to support the need for the proposed surgery in question. Therefore the request is not medically necessary.