

Case Number:	CM13-0068534		
Date Assigned:	01/03/2014	Date of Injury:	02/15/2013
Decision Date:	12/26/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

This 38 year old male was injured when he slipped off a ladder and fell on his left side and left shoulder. The date of injury was February 15, 2013. The primary diagnosis is sprain rotator cuff. The injured worker complained of severe left shoulder pain with limited range of motion. The treater states that an MRI from May 11, 2013 revealed a SLAP lesion with rotator cuff tendinopathy. The MRI report was not provided for my review. Report dated November 27, 2013 stated that patient has increase in upper extremity pain and weakness. Examination showed tenderness in the left shoulder anterior aspect and at AC. Left shoulder abduction is 35 degrees, and forward flexion is 50 degrees with positive impingement sign. Treatment modalities also included physical therapy sessions for the left shoulder, medications and injections. On 11/27/13 a request was made for outpatient left shoulder arthroscopic subacromial decompression and superior labrum anterior posterior (SLAP) lesion repair. Utilization review denied the request on 12/16/13 stating "although requested several times, the actual report from the MRI of the shoulder is not presented; therefore the surgery is not authorized." It appears the patient underwent surgery without prior authorization. Operative report from March 10, 2014, describes procedure as shoulder arthroscopic subacromial decompression, debridement of partial-thickness rotator cuff tear, partial distal claviclectomy and debridement of SLAP lesion. Arthroscopic findings demonstrated significant hypertrophic synovitis with bursitis and partial-thickness tearing. There was type 2 acromion with impingement anteriorly and laterally. The findings within the glenohumeral joint demonstrated a significantly displaced SLAP lesion. It was noted that the patient tolerated the procedures satisfactorily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Left Shoulder Arthroscopic Subacromial Decompression (SAD) with Superior Labral Tear from Anterior to Posterior (SLAP) Lesion Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. 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): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Acute & Chronic chapter, Surgery for rotator cuff repair and surgery for impingement syndrome.

Decision rationale: This patient presents with left shoulder impingement syndrome with rotator cuff tear and SLAP lesion. The current request is for Outpatient Left Shoulder Arthroscopic Subacromial Decompression (SAD) with Superior Labral Tear from Anterior to Posterior (SLAP) Lesion Repair, per report 11/27/13. On March 10, 2014, the injured worker underwent left shoulder arthroscopic subacromial decompression, debridement of partial-thickness rotator cuff tear, partial distal claviclectomy, debridement of SLAP lesion. It appears the patient underwent surgery without prior authorization. Utilization review denied the request stating "although requested several times, the actual report from the MRI of the shoulder is not presented; therefore the surgery is not authorized." The ACOEM guidelines page 211 has limited information regarding surgery for impingement syndrome. The ODG guidelines go into great detail regarding surgery for SLAP lesions, impingement syndrome and partial claviclectomy. The criteria for these procedures that were performed on 3/10/14 can be found in the ODG guidelines online in the shoulder chapter. In this case the treating physician has failed to provide the MRI for the patient and states that the MRI findings show, "SLAP lesion with rotator cuff tendinopathy" ODG requires, "Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of impingement, Type IV lesions (more than 50% of the tendon is involved, vertical tear, bucket-handle tear of the superior labrum, which extends into biceps, intrasubstance tear), Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation. The treating physician failed to provide any documentation that supports the diagnostic findings required to support the 3 surgical procedures that were performed on 3/10/14. Type II or type IV labral tear were not described on operative report. There were no findings consistent with "severe A/C joint arthritis" on arthroscopic evaluation, for example, to warrant decompressive surgery. Another criteria for rotator cuff repair/impingement syndrome decompressive is that the patient must present with abduction weakness which was not documented pre-operatively. The request is not medically necessary.