

Case Number:	CM14-0000771		
Date Assigned:	01/17/2014	Date of Injury:	04/12/2012
Decision Date:	06/06/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 New York. 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 complains of right shoulder pain. An MRI the right shoulder shows labral irregularity suspicious for SLAP type II and mild supraspinatus and infraspinatus tendinosis without tear. Exam shows tenderness over supraspinatus tendon and bicipital groove and mildly positive Hawkins and Neer impingement signs. There is limited motion with active assistive elevation to 110°. The patient has failed conservative care including medications, rest, ice, physical therapy, corticosteroid injections, and a positive diagnostic injection. At issue is whether shoulder surgeries medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY, SUPERIOR LABRAL REPAIR, DECOMPRESSION, DEBRIDEMENT, MANIPULATION UNDER ANESTHESIA:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient does not meet criteria for manipulation under anesthesia. The patient is noted to have 0 -110° of motion in the shoulder. The ODG recommend manipulation under anesthesia only when there is less than 90° of motion after conservative care. This patient has 110° of shoulder elevation. Therefore manipulation under anesthesia is not medically necessary. However, the patient does meet established criteria for shoulder arthroscopy including labral repair and acromioplasty decompression. The patient failed conservative measures including physical therapy, injections, and medication. Imaging studies including an MRI show evidence of labral pathology consistent with a surgical lesion. The patient also has rotator cuff tendinosis and physical exam findings of impingement. Since the patient has failed injection therapy, physical therapy, and medications, surgical treatment is warranted. However, manipulation under anesthesia is not medically necessary. The request is therefore not medically necessary and appropriate.