

Case Number:	CM14-0000982		
Date Assigned:	01/22/2014	Date of Injury:	08/03/2011
Decision Date:	04/14/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 is a 50-year-old female who sustained an injury to the left shoulder on 8/3/11. The orthopedic surgical report dated 10/30/13 documented non-certification for surgery and cited that a recent MR arthrogram demonstrated a Type II SLAP tear, and the claimant continued to have mechanical symptoms, pain, and instability. Recommendation was made for revision SLAP repair with synovectomy. The formal report of the MR arthrogram dated 9/5/13 did demonstrate a tear to the superior labrum and biceps anchor. The claimant was noted to be status post a prior surgical repair of a SLAP lesion. It was noted that during the post-operative course, the claimant fell onto the outstretched left arm and experienced increased complaints of pain. The symptoms following the fall necessitated the recent MR arthrogram. As stated above, there is a request for a revision SLAP repair with synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY FOR THE LEFT SHOULDER (12 SESSIONS): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

Decision rationale: The California MTUS Post-Surgical Rehabilitative Guidelines are silent regarding physical therapy following SLAP repair. When looking at Official Disability Guidelines criteria, an initial twelve sessions of therapy would be medically necessary given the nature of the surgical revision process to be performed.

A TWO WEEK RENTAL OF A COMPRESSION/COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Continuous Flow Cryotherapy

Decision rationale: When looking at Official Disability Guidelines criteria, a two week rental of a cryotherapy compressive device would not be indicated. Official Disability Guidelines do not recommend the role of combination therapy devices and only supports the isolated role of cryotherapy for up to seven days including home use. The specific two week request for this combination therapy device would not be indicated.

POSTOPERATIVE SLING WITH ABDUCTION PILLOW: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Postop abduction pillow sling

Decision rationale: When looking at Official Disability Guidelines, the use of the post-operative abduction pillow also would be supported to provide postoperative immobilization following the revision SLAP repair. This will require a deal of immobilization most appropriately handled with an abduction pillow. The specific clinical request would appear to be medically necessary.

A LEFT SHOULDER ARTHROSCOPY WITH SLAP REPAIR, WITH 3-4 BIOMET JUGGERNAUT ANCHORS, SYNOVECTOMY AND DEBRIDEMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, concerning Shoulder Synovectomy

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

Decision rationale: The CA MTUS Guidelines are silent. When looking at Official Disability Guidelines, revision SLAP repair with synovectomy and debridement would be medically

necessary. The claimant has a positive MR arthrogram highly consistent with a re-injury. Given continued subjective complaints and objective findings on examination, the surgical process would appear to be medically necessary.