

Case Number:	CM14-0004028		
Date Assigned:	02/05/2014	Date of Injury:	08/01/2012
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, 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 Physician 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 is an employee of [REDACTED] and has submitted a claim for right shoulder and elbow pain associated with an industrial injury date of August 1, 2012. Treatment to date has included medications and right shoulder steroid injection. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of severe right shoulder and elbow pain radiating to his fingers with numbness and tingling. On physical examination, there was tenderness at the subacromial region and in the direction of the rotator cuff at the right shoulder. Abduction and internal rotation were limited. Impingement sign was positive. There was tenderness at the medial epicondyle at the right elbow. Tinel's sign was positive. There was also numbness in the right fourth and fifth digits. MRI of the right shoulder dated November 2, 2013 revealed supraspinatus tendinosis without evidence of tear; increased signal at the posterior labrum worrisome for a labral tear; and mild degenerative changes at the acromioclavicular joint with lateral downsloping of the acromion. Utilization review from December 24, 2013 denied the request for right shoulder arthroscopy with SLAP repair and Mumford procedure because physical findings did not support labral internal derangement; and pre-op medical clearance and post-op physical therapy 2 x wk x 6 wks because surgery was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY WITH SLAP REPAIR AND MUMFORD PROCEDURE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2nd EDITION 2004, SHOULDER CHAPTER, 209-211; and non-MTUS: OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER CHAPTER.

Decision rationale: The California MTUS does not specifically address surgery for SLAP lesions or Mumford procedures. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG indicates that surgery for SLAP lesions is recommended for type II lesions and for type IV lesions if more than 50% of the tendon is involved. Type II lesions are defined as detachment of superior labrum and biceps insertion from the supraglenoid tubercle while type IV lesions are defined as vertical tear of the superior labrum, which extends into biceps. The ODG supports partial claviclectomy (including Mumford procedure) with imaging evidence of significant AC joint degeneration along with physical findings (including focal tenderness at the AC joint, cross body adduction test, active compression test, and pain reproduced at the AC joint with the arm in maximal internal rotation may be the most sensitive tests), and pain relief obtained with an injection of anesthetic for diagnostic purposes. Non-surgical modalities include at least 6 weeks of care directed towards symptom relief prior to surgery including anti-inflammatories and analgesics, local modalities such as moist heat, ice, or ultrasound. In this case, MRI of the right shoulder only revealed increased signal at the posterior labrum worrisome for a labral tear; thus, findings are not diagnostic. The suggested MR arthrogram was not obtained. Imaging findings at the AC joint are described as mild only. A definite SLAP lesion was not established; therefore, the request for right shoulder arthroscopy with SLAP repair and Mumford procedure is not medically necessary.

OFFICE/OUTPATIENT VISIT FOR PRE-OPERATIVE CLEARANCE (QUANTITY 1):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST OPERATIVE PHYSICAL THERAPY, TWO (2) TIMES WEEKLY FOR SIX (6) WEEKS (QUANTITY 12 VISITS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.