

<b>Case Number:</b>	CM14-0007215		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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, has a subspecialty in Hand 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 50-year-old gentleman who injured his right shoulder on May 15, 2013. The clinical records provided for review include a report of a July 4, 2013, right shoulder MRI suggestive of labral tearing posteriorly and recommended an arthrogram. There was no indication of rotator cuff or other pathology noted. The report of the August 15, 2013, arthrogram of the shoulder identified a superior labral tear with no rotator cuff pathology and minimal acromioclavicular joint hypertrophy. The report of an MRI of the right humerus dated November 26, 2013, showed no evidence of cortical breakthrough of a hyperintense lesion centered in the right humeral diaphysis that likely represented a cartilage containing lesion. Further consideration with bone scan was recommended. The progress report of December 11, 2013 showed subjective complaints of continued right arm and shoulder pain. Objective findings were not noted. The claimant was diagnosed with labral tearing and based on failed conservative care, the recommendation was made for arthroscopy with labral debridement versus repair and subacromial decompression. The medical records did not document prior conservative care including injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION AND POSSIBLE LABRAL DEBRIDEMENT VERSUS REPAIR AND ANY ADDITIONAL ARTHROSCOPIC INTERVENTION.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 139.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure - Surgery for SLAP lesions.

**Decision rationale:** Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, right shoulder arthroscopy with subacromial decompression and the labral procedure would not be indicated. While this individual is noted to have labral tearing on imaging, there is currently no documentation of previous conservative care including injection therapy that would support a need for subacromial decompression. Furthermore, there is no documentation of recent imaging that supports a diagnosis of impingement or clinical indication for operative procedure. The request in this case is not indicated as medically necessary and appropriate.