

Case Number:	CM14-0102660		
Date Assigned:	07/30/2014	Date of Injury:	05/15/2009
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/01/2014

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 63-year-old male sustained an industrial injury on 5/15/09. Injury occurred when he lost his balance and fell backwards off a 2-3 foot ladder. The patient underwent left shoulder arthroscopic surgery in 2010. Records indicated that he had persistent and increasing shoulder pain following surgery. The 2/3/14 treating physician report cited left shoulder pain with activities at or above shoulder level or with pushing/pulling activities. Physical exam demonstrated tenderness over the left rotator cuff anterior joint line with swelling. Abduction was 120 degrees, flexion was 130 degrees. Muscle strength was 4/5. There was tenderness over the left biceps tendon. MRI findings showed acromioclavicular joint degenerative changes and significant suspicion of a SLAP lesion. The 6/9/14 treating physician report indicated that surgical intervention had been requested on 2/3/14. Left shoulder range of motion testing demonstrated flexion 90, abduction 90, and internal rotation 50 degrees. There was pain and clicking with shoulder flexion and abduction, pain with internal rotation, and a positive impingement sign. X-rays demonstrated close to a type 3 acromion with significant slanting and downsloping. MRI findings of a SLAP lesion were documented. Surgery was recommended for severe impingement and subluxating biceps tendon with findings of a SLAP lesion. The treating physician opined that conservative treatment would not resolve this problem. The 6/23/14 utilization review denied the request for left shoulder surgery as there was no evidence of recent conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic surgery with appropriate subacromial decompression, possible biceps tenodesis and to address the slap lesion in the joint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, can be carried out for 3-6 months before considering surgery. The Official Disability Guidelines for surgical repair of SLAP lesions state that SLAP lesions may warrant surgical treatment in certain cases. Surgical intervention may be considered for patients failing conservative treatment. Guideline criteria have been met. There is plausible clinical evidence of a SLAP tear which is often associated with an occult proximal biceps lesion. There is clinical and radiographic evidence of impingement. Reasonable non-operative treatment (inclusive of restricted activities and medications) appears to have been tried and failed. Therefore, this request for arthroscopic surgery with appropriate subacromial decompression, possible biceps tenodesis, and to address the SLAP lesion in the joint is medically necessary.