

Case Number:	CM14-0107505		
Date Assigned:	08/01/2014	Date of Injury:	03/19/2012
Decision Date:	08/29/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/10/2014

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 Pennsylvania. 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 23-year-old female who sustained an injury to the left shoulder in work related accident on 03/19/12. The clinical records available for review include the report of the 04/09/14 left shoulder arthrogram that shows evidence of an anterior labral tear. Follow up clinical assessment dated 04/16/14 describes persistent pain in the left shoulder, with no documented improvement with conservative care. Physical exam showed restricted range of motion with positive Speed's and impingement testing. Based on failed conservative measures, the recommendation was made for shoulder arthroscopy with labral repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy labral repair.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for shoulder arthroscopy and labral repair would not be indicated. While the imaging report identifies a signal change of the labrum, there is no documentation of a type II or type IV labral tear on imaging that would support the acute need for operative intervention. Given the claimant's subacute clinical presentation and the lack of documentation of significant labral pathology in the form of a type II or IV lesion, the requested surgery cannot be supported as medically necessary.

Post-op Physical Therapy visits:Quantity :9: 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.