

Case Number:	CM14-0010062		
Date Assigned:	06/11/2014	Date of Injury:	01/07/2012
Decision Date:	07/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 and Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 50-year-old female who reported an injury on 01/07/2012. The mechanism of injury was a slip and fall. The 1 note that was provided was postoperative. There were neither diagnostic studies submitted for review nor a PR2 prior to the requested procedure. There was no DWC Form RFA submitted with the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER SURGERY SLAP (SUPERIOR LABRAL ANTERIOR-POSTERIOR) REPAIR, SUBACROMIAL DECOMPRESSION, AND DEBRIDEMENT PROCEDURE (RETROSPECTIVE): Upheld

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

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

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months, plus the existence of a surgical lesion upon imaging and upon objective findings. There should be documentation of a failure to increase range of motion and strength of the musculature

around the shoulder even after exercise programs. The clinical documentation submitted for review was dated postoperatively. There was neither a DWC Form RFA, PR2 nor MRI submitted prior to the requested procedure to support the necessity. Given the above, the request for right shoulder surgery SLAP (superior labral anterior-posterior) repair, subacromial decompression, and debridement procedure (retrospective) is not medically necessary.ecessary.

DME (DURABLE MEDICAL EQUIPMENT) THAT MAY BE NECESSARY.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: As the requested surgical intervention is not supported, the requested DME (durable medical equipment) that may be necessary would not be supported either.