

Case Number:	CM14-0113478		
Date Assigned:	08/01/2014	Date of Injury:	04/06/2011
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 is a 42-year-old male who sustained a vocational injury of 06/2011 while working as a vacation relief specialist when he was forcing products that were stuck on a roller. The claimant complained of mild weakness and ongoing discomfort and pain with activities. The examination of the upper extremities shows shoulder symmetrical with full, unrestricted, painless range of motion. There was a negative Jobe's test and no tenderness to palpation of the acromioclavicular joint, biceps tendons or rotator cuffs. The claimant noted he previously had right shoulder surgery; however, the details of the procedure or the day of the procedure are not available for review. An MRI of the right shoulder was performed on 06/04/14 that shows a superior labral tear extending into the anterior superior and posterior superior labrum associated with a 3.2 x 1.9 cm medially extending paralabral cyst. There were moderate degenerative changes of the acromioclavicular joint. Treatment to date has included Vicodin and ibuprofen. The current request is for a repeat right shoulder SLAP lesion repair versus tenodesis or tenotomy of the biceps tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right Shoulder Slap lesion repair vs tenodesis or tenotomy biceps tendon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment

in Worker's Compensation, Online Edition, Shoulder Chapter; Indications for Surgeroy - Ruptured biceps tendon surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter.

Decision rationale: California MTUS ACOEM Guidelines have been referenced and Official Disability Guidelines have been provided for supplemental documentation. California MTUS ACOEM Guidelines suggest that prior to considering surgical intervention, there should be documentation suggesting the claimant's have undertaken, failed and exhausted conservative treatment prior to recommending and considering surgical intervention. In addition, there should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Official Disability Guidelines note specifically surgical intervention for SLAP lesions is recommended for Type II and Type IV lesions if more than 50 percent of the tendon is involved. Currently documentation fails to classify the current SLAP pathology in the right shoulder. Documentation also fails to exhibit that the claimant has attempted, failed and exhausted a formal course of conservative treatment prior to recommending surgical intervention. In addition, there is a lack of significant abnormal physical exam objective findings presented for review suggesting a medical necessity of the requested procedure. Furthermore, based on the documentation presented for review and in accordance with California MTUSA and Official Disability Guidelines the request for the right shoulder SLAP lesion repair versus tenodesis or tenotomy of the biceps tendon cannot be considered medically necessary.