

Case Number:	CM14-0117914		
Date Assigned:	08/06/2014	Date of Injury:	02/14/2012
Decision Date:	09/17/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/28/2014

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:

42-year-old male with reported industrial injury of February 14, 2012. MRI of the left shoulder dated 5/30/2012 demonstrates tendinosis of the supraspinatus tendon without full-thickness rotator cuff tear. Degenerative changes of the acromioclavicular joint and a laterally downsloping acromion are noted. Consultation report from 5/10/2014 demonstrates the claimant sustained an injury to the left shoulder while at work in 2010. Examination of the left shoulder demonstrates forward flexion elevation 230, external rotation 40, and internal rotation to the mid lumbar level. It is noted that the patient is tender to palpation over the before meals joint, greater tuberosity and proximal biceps. Rotator cuff strength is noted to be 4-5 infraspinatus, supraspinatus and subscapularis. Impingement testing is noted to be positive. Plain radiographs of the left shoulder demonstrate mild arthritic changes of the left shoulder with changes at the clavicular and at the coracoclavicular insertion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder possible labral repair, possible rotator cuff repair, subacromial decompression, distal clavicle excision, debridement.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214, 210. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp- Indication for 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, Labral tear surgery.

Decision rationale: CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. In this case there is insufficient evidence to warrant labral repair secondary to lack of physical examination findings on 5/10/14, lack of documentation of conservative care or any evidence of labral pathology on the MRI from 5/30/12. Therefore determination is for non-certification.

Keflex 500mg, one capsule 4 x day, # 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Infectious Diseases Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Colace 100mg, one capsule twice a day, # 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Opioid-induced constipation.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.