MAXIMUS Federal Services

Case Number:	CM14-0121307		
Date Assigned:	08/06/2014	Date of Injury:	03/16/2012
Decision Date:	10/01/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/31/2014

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 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 03/16/2012. The mechanism of injury was not provided for clinical review. The diagnoses included cervical degenerative disc disease, herniated disc and annular disc tear at C5-6 and C6-7, cervical ligamentous sprain/strain, cervical facet syndrome, degenerative disc disease of the lumbar spine, low back pain, subluxation of the coccyx or coccydynia, left shoulder with internal derangement possibly SLAP lesion, tendonitis of the rotator cuff, right wrist with carpal tunnel syndrome, bilateral wrist and hands with tenosynovitis, cervical stenosis, and adjustment disorder with depression. Previous treatments included physical therapy and cortisone injections. Diagnostic testing included x-ray of the left shoulder and an MRI of the left shoulder. Within the clinical note dated 04/21/2014, it was reported the injured worker continued to have pain on the anterior aspect of her shoulder running down her arm. She reported having improvement with cortisone injections and physical therapy. Upon physical examination, the provider noted forward flexion at 130 degrees and external rotation at 45 degrees. The provider noted the injured worker had no tenderness in the acromioclavicular joint. The provider noted the injured worker complained of increased pain with range of motion. The greater tuberosity and proximal biceps were significantly tender. The official MRI submitted revealed a mildly increased T2 and proton density signal in the substance of the supraspinatus tendon. The infraspinatus, subscapularis, and teres minor tendons were intact and normal. The MRI noted a strain versus tendonosis of the left supraspinatus tendon, which was compared to the prior MRI on 06/06/2012. There was no evidence of a labral tear in the left shoulder. Mild anterolaterally downsloping orientation of the left acromion, which may increase the anatomic risk for subacromial impingement syndrome in the left shoulder was noted. There was a small amount of fluid in the left subacromial subdeltoid bursa. The provider requested a Left shoulder decompression/debridement and treatment of any

rotator cuff or labral pathology in either arthroscopic or mini-open fashion; however, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder decompression/debridement and treatment of any rotator cuff or labral pathology in either arthroscopic or mini-open fashion: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for SLAP lesions

Decision rationale: The Official Disability Guidelines (ODG) recommend SLAP surgery for type two lesions, and for type four lesions if more than 50% of the tendon is involved/ The Criteria for surgery includes the injured worker to have three months of conservative treatment to include, NSAIDs and physical therapy. Type two lesions fraying and degeneration of the superior labrum, normal biceps no detachment. Type four lesions more than 50 % of the tendon is involved, vertical tear, bucket-handle tear of the superior labrum which extends into biceps, intrasubstance tear, generally type one and type three lesions do not need any treatment or are debrided. The history and physical examinations and imaging indicate the pathology. The definitive diagnosis of SLAP lesions is diagnostic arthroscopy. The guidelines note if under the age of 50 otherwise consider a biceps tenodesis. The California MTUS/ACOEM Guidelines this procedure is not indicated for injured workers with mild symptoms or those who have no activity limitations. The guidelines not conservative care including cortisone injections, can be carried out for at least three to six months before considering surgery. The clinical documentation submitted indicated the injured worker had examination findings consitent with impingement, there is lack of documentation that the injured worker had not responded to conservative treatment as it was noted she reported improvement with therapy and injections. Additionaly the provided imaging study failed to indicate evidence of a rotator cuff tear or a SLAP tear to support the requested treatment or any rotator curr or labral pathology. Therefore, the request for left shoulder decompression/debridement and treatment of any rotator cuff or labral pathology in either arthroscopic or mini-open fashion is not medically necessary and appropriate.