

<b>Case Number:</b>	CM14-0131469		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 female with a 10/3/12 injury date. She was turning a chamber with another employee when she felt pain in her right shoulder and arm. In a 7/9/14 follow-up, the patient continues to complain of right shoulder pain and weakness of 6/10 severity. The pain is worse with activity and better at rest. Objective findings include full right shoulder range of motion, negative impingement signs, equivocal speed's test, and no mention of Obrien's test. A right shoulder MRI on 6/11/14 showed a poster superior labral tear from 11-12 o'clock position, and mild supraspinatus tendinosis. Diagnostic impression: right shoulder labral tear. Treatment to date includes physical therapy and NSAIDs. A UR decision dated 7/22/14 denied the request for right shoulder diagnostic scope and SLAP repair on the basis that the criteria for medical necessity was not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder diagnostic scope and SLAP repair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery - Acromioplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

Other Medical Treatment Guideline or Medical Evidence:  
(<http://www.ncbi.nlm.nih.gov/pubmed/22264832>).

**Decision rationale:** CA MTUS does not address this issue. ODG states that surgery for SLAP lesions is recommended for Type II lesions and for Type IV lesions if more than 50% of the tendon is involved. In addition to a history and physical findings consistent with a SLAP lesion; recent literature suggest poor outcome with a Worker's Compensation patient population and age over 40. A search of peer-reviewed literature revealed an article published in April 2012, 'Long-term outcome after arthroscopic repair of type II SLAP lesions results according to age and workers' compensation status'. The purpose of this study was to determine the long-term functional outcome of anatomic arthroscopic repair of type II SLAP lesions with suture anchors. This study concluded that in 87% of cases, a good or excellent functional outcome can be anticipated after arthroscopic repair of type II SLAP lesions with the described techniques. Variables associated with a poor outcome include Workers' Compensation cases and possibly older age greater than 40 years old. In addition, there is no documentation that the patient has had an intra-articular cortisone injection prior to considering any surgical intervention. The clinical information presented does not meet general guidelines for SLAP repair in this patient. Therefore, the request for right shoulder diagnostic scope and SLAP repair is not medically necessary.