

Case Number:	CM14-0154944		
Date Assigned:	09/25/2014	Date of Injury:	10/15/2013
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/22/2014

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:

The claimant is a 69-year old female injured in a work related accident on 07/31/00. The clinical records provided for review document that the claimant has current complaints of left shoulder pain. The report of an MRI of the left shoulder dated 11/14/13 did not identify any tearing of the biceps tendon or labrum, evidence of small undersurface tearing to the subscapularis, hypertrophy to the acromioclavicular joint and a type I acromion. The clinical assessment dated 08/14/14 described left shoulder complaints with physical examination showing 140 degrees of forward flexion, 70 degrees of external rotation, tenderness over the acromioclavicular joint and no documented weakness. The report noted that the claimant has failed conservative measures including corticosteroid injections, oral medications, activity modifications and physical therapy. The recommendation was made for surgical arthroscopy, subacromial decompression, distal clavicle resection, labral repair, biceps tenodesis and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implants (i.e. allografts, screws, staples, plates, anchors, etc.) for left shoulder arthroscopy, possible subacromial decompression, possible distal clavicle resection arthroplasty, possible labral repair, possible bicep tenodesis, possible rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Shoulder Procedure Summary last updated 8/27/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter: Surgery for SLAP lesions, Partial claviclectomy (Mumford procedure), and Surgery for ruptured biceps tendon (at the shoulder)

Decision rationale: Based on the California MTUS Guidelines and supported by the Official Disability Guidelines, the request for left shoulder arthroscopy, possible subacromial decompression, possible distal clavicle resection, possible labral repair, possible bicep tenodesis, and possible rotator cuff repair is not recommended as medically necessary. While the claimant is noted to have failed six months of conservative care including injection therapy, there is no imaging reports to identify rotator cuff tearing, labral tearing or bicipital inflammation to support the requested surgery. Guideline criteria require positive imaging of the labrum, bicep tendon or rotator cuff to support the role of operative intervention. Based on the claimant's recent MRI scan that shows mild undersurface tearing and inflammation of the rotator cuff and degenerative changes to the acromioclavicular joint, there is no indication for the proposed labral repair, rotator cuff repair, or bicipital tenodesis. Therefore, Implants (i.e. allografts, screws, staples, plates, anchors, etc.) for left shoulder arthroscopy, possible subacromial decompression, possible distal clavicle resection arthroplasty, and possible labral repair, possible bicep tenodesis, and possible rotator cuff repair is not medically necessary.