

<b>Case Number:</b>	CM14-0155640		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Indiana. 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 28-year-old male with a date of injury of 9/15/09 when he was working as an office worker and pulled his left shoulder and arm when he was sliding a box down from a shelf and lost grip of the box. He was diagnosed with a shoulder dislocation that he states he reduced on his own. After failing conservative treatment with physical therapy and steroid injections of the shoulder, He underwent left shoulder surgery on 3/2/10, and a second left shoulder surgery on 1/31/11, both of which were unsuccessful. He has been off work on disability since 12/28/12. He complains of left shoulder pain and instability with decreased range of motion and strength. As of 7/9/14 the injured worker had a positive impingement and Hawkin's signs of the left shoulder with limited flexion and abduction to less than 120 degree, a positive apprehension sign and 4/5 strength of the deltoid of the left shoulder. The worker still has symptoms of left elbow, left wrist and left hand pain that have not been addressed. The worker also has undergone previous surgical procedures on the left shoulder consisting of a left shoulder arthroscopic posterior labral repair and SLAP repair on 1/30/13 followed by physical therapy. The worker's progress was poor post-operatively and complained of continued instability with deltoid weakness and scapulothoracic dysfunction. The worker also complains of a constant ache in both shoulders with a clicking sensation, stiffness and weakness with pain, numbness, and tingling in his arms. He also complains of instability of both shoulders, left greater than right. The worker has been diagnosed with multidirectional instability of the left shoulder. The treating physician is requesting approval for OPA left shoulder with open Bankart repair, an assistant surgeon, the use of surgical anchors and screws, post-operative physical therapy 3 times a week for 4 weeks to the left shoulder, pre-operative clearance left shoulder, and post-operative purchase of a cold therapy unit, a sling, and a post-op pain pump.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **OPA Left Shoulder with Open Bankart Repair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation ACOEM v.3, Shoulder, Shoulder Dislocation and Instability.

**Decision rationale:** In this worker's case, there is no documentation in the medical record of an acute dislocation of the shoulder as the worker states he reduced the dislocation on his own prior to medical evaluation. The worker has undergone three previous reconstructive procedures on the left shoulder that have failed. There is no documentation in the records provided for review of any diagnostic imaging of the shoulder, x-ray or MRI that confirms evidence of recurrent instability of the shoulder or a labral tear that would require a Bankart repair or a rotator cuff tear that could explain the worker's persistent left shoulder weakness and limitation of motion. The worker has been diagnosed with multidirectional instability of the shoulder that would require some type of capsular shift or capsular plication procedure and not a Bankart repair. Finally, the worker has persistent neurologic symptoms of the left upper extremity including left arm and hand numbness and weakness that have never been worked up and could be associated with the worker's persistent shoulder symptoms and failure of three previous left shoulder reconstructive procedures. For these reasons, the CA MTUS ACOEM Shoulder guidelines and ACOEM v.3 Shoulder guidelines for surgery for shoulder instability have not been met and a complete workup to evaluate the worker for associated conditions such as radiculopathy and rotator cuff tear has not been performed to date. Therefore, the requested OPA Left Shoulder with Open Bankart Repair is not medically necessary.

### **Associated Surgical Service: Assistant Surgeon: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **Associated Surgical Service: Surgical Anchors and Screws: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Post-Operative Physical Therapy three times a week for four weeks (3x4) Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Pre-Operative Clearance Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Post-Operative Purchase of Cold Therapy Unit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Post-Operative Purchase of Shoulder Sling: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Post-Operative Purchase of Pain Pump Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.