MAXIMUS Federal Services

Case Number:	CM14-0182301		
Date Assigned:	11/07/2014	Date of Injury:	02/12/2012
Decision Date:	12/12/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 Georgia. 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 36-year-old male who reported an injury on 02/12/2012. While restraining an inmate on that date, he landed on the ground with his left shoulder. He injured his left shoulder and left wrist. The diagnoses were torn labrum, left shoulder; partial tear, left supraspinatus; type 2 acromion; torn right biceps; and partial tear, supraspinatus and labrum. Past treatments were medications and physical therapy. The injured worker had left shoulder surgery on 07/10/2012 for a torn left labrum and loose body in the left shoulder. The injured worker has been doing home exercises with free weights and started to develop pain in the left shoulder. The injured worker had an arthrogram of the left shoulder on 08/12/2014 that revealed for the hyaline cartilage was normal with no visible cartilage narrowing or focal defect, also normal proximal humerus, glenoid, and coracoid. There was no evidence of a labral tear. The examination revealed pain to the posterior and anterior bilateral shoulders. Active flexion was to 170 degrees and active abduction was to 150 degrees. Left arm internal rotation was to 70 degrees and external rotation was to 80 degrees. The treatment plan was for arthroscopy of the left shoulder, repair labrum, subacromial anterior decompression, and debride biceps. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical shoulder repair of labrum: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

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, Surgery for SLAP lesions

Decision rationale: The decision for Surgical shoulder repair of labrum is not medically necessary. The California MTUS/ACOEM recommends referral for surgery for injured workers who have clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The Official Disability Guidelines criteria for surgery for SLAP lesions are: after 3 months of conservative treatment (NSAIDs, PT); type II lesions (fraying and degeneration of the superior labrum, normal biceps, no detachment); type IV 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 I and type III lesions do not need any treatment or are debrided. Also for injured workers who have history and physical examinations and imaging that indicate pathology, definitive diagnosis of SLAP (Superior Labrum Anterior Posterior) lesions is diagnostic arthroscopy, or age under 50 (otherwise consider Biceps tenodesis). The injured had been lifting weights to regain strength in the left arm and shoulder status post surgery when pain started to develop. The arthrogram dated 08/12/2014 did not reveal a labral tear or lesion. The guidelines state surgery is only indicated for injured workers who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. In the absence of imaging studies showing a labral tear, the request for the surgical repair of the labrum is not supported. Therefore, this request is not medically necessary.