

<b>Case Number:</b>	CM14-0026260		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	02/28/2014

### 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 New York, New Hampshire, and Washington. 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 patient has a date of injury of June 2007. The patient complains of chronic shoulder pain. The patient has signs and symptoms consistent left shoulder biceps or labral pathology. Magnetic resonance imaging demonstrates these findings. The patient's symptoms are unchanged since his previous office visit. MRI the shoulder shows tear of the anterior inferior labrum as well as tendinosis and developing instability and the long head of the biceps. However, there is no objective radiology interpretation of the MRI reports in the medical record. At issue is whether left shoulder arthroscopy with labral repair and biceps tenodesis is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT cardiac clearance:** 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.

**URGENT left shoulder arthroscopy with labral repair and biceps tenodesis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561. Decision based on Non-MTUS Citation ODG, Shoulder, Surgery for SLAP Lesions and Surgery for Ruptured Biceps Tendon (at the shoulder).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for SLAP Lesions and Surgery for Ruptured Biceps Tendon (at the shoulder).

**Decision rationale:** This patient does not meet established criteria for left shoulder surgery at this time. Guidelines indicate that objective findings to include weakness and limitation of function with specific physical exam findings such as a positive O'Briens test and impingement sign must be present. In addition appropriate conservative measures to include injection and NSAID must be documented. In this case the medical records do not include a comprehensive physical examination or documentation of prior conservative measures to include injection. More documentation of conservative measures must be provided in the medical records. In addition more documentation of physical exam findings must be provided. Guidelines for shoulder surgery are not met this time.