

Case Number:	CM14-0029910		
Date Assigned:	06/20/2014	Date of Injury:	07/28/2011
Decision Date:	07/31/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 Pennsylvania. 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 56-year-old female injured in a July 28, 2011, work-related accident. The records available for review include documentation of an injury to the right shoulder, for which a February 10, 2014, progress note describes both neck and right shoulder complaints. The shoulder was noted to have restricted range of motion, pain at end points and weakness. Treatment to date had included physical therapy, subacromial injections, management with medications, and activity modifications. Reviewed at that time was an August 2, 2012, MRI scan, which showed acromioclavicular osteoarthritis with minimal sub-deltoid bursitis, moderate tendinosis of the rotator cuff with no definitive full thickness tearing, and an irregularity of the labral capsule but no labral tear. The records reference no other forms of conservative care or imaging. This request is for a right shoulder rotator cuff repair and SLAP lesion repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR, ARTHROSCOPIC REPAIR OF SLAP LESION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - SHOULDER CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates.

Decision rationale: Based on California MTUS ACOEM Guidelines and supported by Official Disability Guidelines, the requested surgery would not be indicated. The claimant's previous imaging of the shoulder did not demonstrate acute labral pathology, nor did it show full thickness rotator cuff tearing. Without documentation of a labral lesion on imaging, an arthroscopic SLAP lesion repair would not be indicated, and therefore, the surgical request would not be supported as medically necessary.