

Case Number:	CM14-0032660		
Date Assigned:	06/20/2014	Date of Injury:	12/02/2013
Decision Date:	07/31/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 patient is a 30-year-old male ski resort supervisor sustained an industrial injury on 12/2/13. Injury occurred while trying to get a snowboard unstuck from the turnstile and dislocated his left shoulder. After reduction, x-rays were within normal limits. Past medical history was positive for multiple right shoulder dislocations and surgeries. The 12/16/13 chart note cited resolving pain over the past 2 weeks. Left shoulder exam documented passive extension/abduction 90 degrees with positive apprehension, internal rotation to L1, forward elevation 160, and abduction 90 degrees. There was anterior shoulder tenderness. The 1/22/14 chart note indicated that the patient had been working with no complaints of pain or instability. Two dislocations of the left shoulder were reported within the past year. Physical exam documented full active range of motion. There was some apprehension with forward elevation and external rotation. MRI imaging on 1/20/14 showed an anterior labral tear and a Hill-Sachs lesion. There was no bony Bankart lesion and the rotator cuff looked good. Given the history of recurrent instability, an open labral and capsular repair of the left shoulder was recommended. The 2/13/14 utilization review denied the surgical request as there was limited clinical information regarding the type of tear and no documentation that symptoms were inhibiting activities of daily living. The patient appeal letter clarified that he had one prior left shoulder dislocation. The current injury was the second dislocation. He reported that pain had been increasing since his 1/22/14 office visit and return to full duty. He reported that the shoulder feels like it could dislocate again at any time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent open labral and capsular repair of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for SLAP.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for SLAP lesions, Surgery for shoulder dislocation.

Decision rationale: The California MTUS/ACOEM guidelines state that multiple traumatic shoulder dislocations indicate the need for surgery is there is limited functional ability and if muscle strengthening fails. Surgery can be considered for patients who are symptomatic with all overhead activities and patients who have had 2 or 3 episodes of dislocation and instability that limited their activities between episodes. The Official Disability Guidelines for surgical repair of SLAP lesions state that SLAP lesions may warrant surgical treatment in certain cases. Surgical intervention may be considered for patients failing conservative treatment. Guideline criteria have not been met. In this case, there are no clinical findings relative to strength, functional ability, or overhead symptoms. There is no detailed documentation that comprehensive conservative treatment, including muscle strengthening, had been tried and failed. Therefore, the request for urgent open labral and capsular repair of the left shoulder is not medically necessary and appropriate.