

Case Number:	CM14-0038867		
Date Assigned:	06/27/2014	Date of Injury:	02/16/2012
Decision Date:	08/05/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 Texas and 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 64-year-old male who reported injury on 02/16/2012. The mechanism of injury was the injured worker's left arm was jerked when a lid he was holding onto fell. Prior treatments included physical therapy, activity modification, arthroscopic subacromial decompression, extensive debridement with removal of multiple small chondral loose bodies, partial distal clavicle resection, capsulotomy, and manipulation under anesthetic, steroid injection to the left shoulder, and medications. The documentation of 02/10/2014 revealed objective findings of tenderness to palpation over the acromioclavicular joint. The injured worker had full range of motion and 4/5 strength with internal and external rotation. The injured worker underwent an MRI on 03/06/2014 which revealed, as stated in the physician documentation, extensive retracted rotator cuff tear with muscle atrophy, repaired labrum that was frayed but overall intact, biceps tendon that was torn from the anchor and scarred in the bicipital groove and a moderate to large effusion. The documentation of 03/12/2014 revealed the injured worker was experiencing ongoing pain in the left shoulder. The physical examination revealed abduction of the left shoulder 160 degrees, and 50 degrees of external and internal rotation. The strength was 4/5. The diagnoses were labral tear, rotator cuff tear, and biceps tendon tear of the left shoulder, rule out brachial plexus injury. The treatment plan included a surgical intervention for possible labral debridement, repair of the biceps tendon and rotator cuff tear. The request was made due to physical examination findings and MRI findings, as well as the injured worker's continued pain complaints. Additionally, the request was made for EMG testing to the left upper extremity to rule out brachial plexus injury. Request was previously denied as there was no discussion regarding the extent of degeneration and ability to be repaired and the labrum was frayed; however, it was overall intact. The biceps tendon was torn from the

anchor and scarred in the bicipital groove and there was an inability to discuss the repairability potential of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy R. Cuff repair, Bicep/Tendon Repair and Labral Debridement.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for SLAP lesions.

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have activity limitation for more than 4 months plus the existence of a surgical lesion, failure to increase range of motion and strength of musculature around the shoulder even after exercise and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. Rotator cuff repair is indicated for significant tears that impair activities, causing weakness of arm elevation and rotation particularly acutely in young workers. Additionally, ruptures of the proximal long head of the biceps tendon are usually due to degenerative changes in the tendon and can almost be managed conservatively because there is no accompanying functional disability. However, they do not specifically address labral debridement. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that type II and type IV SLAP lesions should be repaired. The clinical documentation indicated the injured worker had an extensive rotator cuff tear with muscle atrophy and the biceps tendon was torn from the anchor and scarred in the bicipital groove. Conservative care would not fix a muscle tear. While it was indicated that the Official Disability Guidelines do not recommend the repair of the labrum except for a type II or type IV lesion, the Official Disability Guidelines further indicate that fraying and degeneration of the superior labrum may be treated with debridement. Given the objective findings and the positive MRI results, the request for left shoulder arthroscopy, rotator cuff repair, biceps/tendon repair and labral debridement is medically necessary.