

Case Number:	CM14-0053660		
Date Assigned:	08/08/2014	Date of Injury:	02/11/2013
Decision Date:	09/23/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/22/2014

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 claimant is a 53-year-old gentleman who was injured on February 11, 2013 sustaining an injury to the left shoulder while lifting a fence panel. Records available for review include an April 3, 2013 MRI report showing partial thickness distal supraspinatus tendon tearing with subacromial bursitis but no indication of degenerative findings or impingement. Recent clinical assessment of March 7, 2014 described continued complaints of pain about the shoulder with positive Jobe's and O'Brien's testing, crepitation with internal rotation. It states this individual has failed conservative care including medication management, physical therapy and activity restrictions. Records do not indicate documentation of prior injectual therapy. There is current surgical request to include a left shoulder arthroscopy, rotator cuff repair versus debridement, subacromial decompression, biceps tenodesis versus tenotomy and debridement versus repair of labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biceps tenodesis versus tenotomy, left shoulder QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 15 Stress Related Conditions Page(s): 207-208.

Decision rationale: California ACOEM Guidelines would not support the surgical process to include a biceps tenodesis or tenotomy. CA MTUS states indications should be 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 surgical process as a whole in this individual has not been supported. There is currently no documentation of bicipital findings on imaging or examination that would acutely necessitate this portion of the surgical process. The request is not medically necessary.

Debridement versus repair of SLAP lesion, left shoulder QTY: 1.00: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Surgery for SLAP Lesions.

Decision rationale: Based on California ACOEM Guidelines and Official Disability Guidelines, the surgical process as a whole has not been established. There is currently no indication of a SLAP lesion or labral pathology on imaging. This would fail to support this portion of the surgical process in this case.

Subacromial decompression, left shoulder QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California ACOEM Guidelines would not support surgery to include a subacromial decompression. While records in this case indicate continued complaints of pain, there is currently no documentation of injection therapy. Guidelines in regards to surgical decompression indicate three to six months of conservative care including injectual therapy be carried out before proceeding with procedure.

Left Shoulder Arthroscopy rotator cuff repair versus debridement QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: California ACOEM Guidelines would not support rotator cuff repair and shoulder arthroscopy. CA MTUS states, "surgery is reserved for cases failing conservative therapy for three months." In this instance, the claimant is with partial thickness rotator cuff tearing that should be treated as impingement. In regards to surgery for impingement, three to six months of conservative care including injectual therapy should be carried out. There is no current documentation of injection therapy. The acute need of operative intervention in this individual has not been established.

Post operative physical therapy 2 times a week, Left shoulder QTY: 8.00: 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.

Ultra sling QTY: 1.00: 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.