

Case Number:	CM14-0061623		
Date Assigned:	07/09/2014	Date of Injury:	12/21/2009
Decision Date:	09/17/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/02/2014

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. 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 63-year-old male who reported an injury on 12/21/2009. The mechanism of injury was not provided in the documentation submitted. His diagnoses were bilateral shoulder impingement syndrome, left shoulder rotator cuff syndrome, right shoulder internal derangement with tear, calcific tendonitis and bursitis, lumbar disc syndrome, lumbar spine herniated nucleus pulposus status post left knee arthroscopy surgery, left knee lateral meniscus tear, left knee osteoarthritis, degenerative joint disease and left knee medial meniscus tear. His past treatments were home exercise program, medication therapy, chiropractic services, shockwave therapy, aqua and physical therapy. He also received 3 cortisone injections, results not documented. His prior diagnostics include x-ray and MRI of the bilateral knee, lumbar and bilateral shoulder. Results of these imaging studies were not submitted with documentation. He complained of shoulder pain and rated it 7/10. On physical examination dated 03/18/2014, there was tenderness over the rotator cuff expanse of the right shoulder. Right shoulder range of motion was limited by pain in all directions. There was evidence of rotator cuff spasm upon flexion and extension of the right shoulder. Impingement test, empty can supraspinatus test and apprehension test were positive on the right. The treatment plan is for the request of right shoulder arthroscopy with repair of superior labral tear from anterior to posterior (SLAP) lesion. The rationale for the request is the injured worker has failed to respond to conservative measures. The request for authorization form dated 02/11/2014 was provided with documentation submitted with review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with repair of the SLAP lesion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatments in Workers Compensation, 18th Edition, 2013, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for SLAP lesions.

Decision rationale: According to California MTUS/ACOEM Guidelines surgical considerations are given if there is a red flag condition such as rotator cuff tear in a young worker or glenohumeral dislocation, activity limitations for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise program plus existence of a surgical lesion, clinical imaging evidence of a lesion that has been shown to benefit in both short and long term from surgical repair. Official Disability Guidelines state surgery for SLAP (superior labral tear from anterior to posterior) is supported for Type II lesions and Type IV lesions after 3 months of conservative treatment to include NSAIDs and physical therapy and physical examination findings and imaging indicate pathology. The injured worker complained of right shoulder pain, rated pain as a 7/10. There is documentation that he has failed to respond to conservative measures which includes physical therapy. There is documentation within the clinical medical record that indicated he had had an x-ray and MRI of the left shoulder; however, the result is not given within the clinical records submitted for review. Although the injured worker had presented with shoulder complaints with findings consistent with a labral tear, the official imaging reports were not submitted to confirm the presence of a SLAP lesion to meet guideline criteria for the requested surgery. As such, the request for right shoulder arthroscopy with repair of a SLAP lesion is not medically necessary.