

Case Number:	CM14-0065401		
Date Assigned:	07/11/2014	Date of Injury:	08/29/2012
Decision Date:	08/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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:

This is a 42-year-old who injured the left shoulder in a work-related accident on 8/29/12. A progress report dated 4/8/14 notes ongoing pain in the left shoulder. The report documents that the claimant has failed conservative care. There were no physical examination findings documented in the report. The report of a radiograph of the left shoulder dated 3/25/14 was normal. No other imaging reports were included in the records. The clinical records indicate that following a course of conservative care, the recommendation is made for left shoulder arthroscopy with arthroscopic labral repair and biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY AND ARTHROSCOPIC LABRAL REPAIR VS BICEPS TENODESIS OF LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery For Slap Lesions.

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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Surgery for SLAP lesions.

Decision rationale: Based on The California ACOEM Guidelines and the Official Disability Guidelines, the request for arthroscopy of the left shoulder and arthroscopic labral repair versus biceps tenodesis cannot be recommended as medically necessary. There are no documentations of imaging available for review to support and confirm labral or bicipital pathology. The claimant's recent examinations also failed to demonstrate physical examination findings indicative of labral or bicipital pathology. ACOEM Guidelines recommend clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term from surgical repair. In the absence of this information, the proposed surgery cannot be recommended as medically necessary.