

<b>Case Number:</b>	CM14-0068700		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 42-year-old male who sustained a vocational injury on November 2, 2010 after falling approximately 8 feet from a ladder. The office note dated April 9, 2014 identified the claimant's diagnoses of impingement syndrome, torn labrum, cervical sprain/strain, plica syndrome, and carpal tunnel syndrome on the right. No specific subjective complaints were documented in the office note. Physical examination revealed range of motion was noted to be 180 degrees of the right shoulder, 170 degrees on the left, 160 degrees on the right, 130 on the left. Extension was noted to be 40 degrees bilaterally. Adduction was noted to be 40 degrees on the right and 30 degrees on the left shoulder. External rotation was noted to be 90 degrees bilaterally. Internal rotation was also noted to be 80 degrees bilaterally. The claimant had a positive O'Brien's, negative drop arm test, mildly positive Speed's test on the left shoulder. The report of the MRI of the left shoulder without contrast dated December 6, 2012 showed a focal tear of the superior labrum with no tear of the attachment of the tendon from the long head of the biceps, mild supraspinatus tendinosis, and mild degenerative changes of the greater tuberosity. The documented conservative care to date included Tylenol and Aleve. This review is for outpatient shoulder arthroscopy and stabilization of the labrum.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient shoulder arthroscopy and stabilization of the labrum: Upheld**

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

**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:** California ACOEM Guidelines recommend that prior to considering surgical intervention for shoulder complaints, there should be documented activity limitation for more than four months plus the existence of a surgical lesion. In addition, there needs to be documentation that range of motion and strength have not been increased in the musculature around the shoulder even after an exercise program. There should be clear clinical and imaging evidence of a lesion which has been shown to benefit in both the short and long term from surgical repair. The Official Disability Guidelines recommend that generally only type II and type IV lesions require surgical intervention in the form of stabilization and generally type I and type III lesions do not need any treatment with regards to surgical intervention or typically are debrided. The medical records provided for review do not document that the claimant has attempted, failed and exhausted a continuous course of conservative treatment for a minimum of four months to include formal physical therapy prior to considering and recommending surgical intervention. There is currently no documentation of a classification of the type of SLAP lesion which would be imperative to note prior to considering surgical intervention. In addition, there is a lack of recent reported subjective complaints establishing that there is activity or functional limitations due to subjective complaints of shoulder pain. In addition, the most recent office note available for review was not entirely clear with regards to abnormal physical exam objective findings and appreciated pathology with appropriate laterality which would be imperative to clarify prior to considering surgical intervention in regards to medical necessity. Therefore, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for the outpatient shoulder arthroscopy with stabilization of the labrum cannot be considered medically necessary.

**Abduction splint:** 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.

**Cold therapy unit:** 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.

**Preoperative medical clearance:** 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.

**Post-operative physical therapy 3 time a week for 4 weeks:** 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.