

Case Number:	CM14-0077704		
Date Assigned:	07/16/2014	Date of Injury:	10/22/2009
Decision Date:	10/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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:

This injured worker is a 49 year old male laborer who sustained an industrial injury on 10/22/09 while moving a drum. The injured worker reported a pop from the shoulder, with pain radiating up the neck and down to the arm and hand. The 3/18/14 right shoulder magnetic resonance imaging (MRI) impression documented a multiseptated paralabral cyst at the level of the posterior inferior labrum consistent with underlying labral tearing/injury. There was supraspinatus and subscapularis tendinopathy without discrete rotator cuff tear. The acromion had an inferior lateral tilt in the coronal plane and exerted mass effect upon the underlying subcoracoid fat and supraspinatus tendon. The 4/22/14 orthopedic report cited constant sharp throbbing right shoulder pain. Difficulty was reported with overhead reaching, carrying weight, daily living, and bed resting. The injured worker had undergone therapy and injections with continued significant pain radiating up the neck and down to the right hand with hand tingling, numbness and weakness. A right shoulder exam documented slightly decreased range of motion, positive impingement sign, abduction weakness, and positive Yergason's test. Magnetic resonance imaging (MRI) findings were positive for a superior labrum anterior and posterior (SLAP) tear and significant supraspinatus tendinitis. The treatment plan requested authorization for right shoulder arthroscopic evaluation, superior labrum anterior and posterior (SLAP) tear repair, and subacromial plasty and possible rotator cuff repair. The 5/1/14 utilization review denied the request for right shoulder surgery as there was no clear documentation of a labral injury and there was limited documentation of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right shoulder arthroscopic evaluation; SLAP tear repair; subacromial plasty and possible rotator cuff: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp 18th Edition, 2013 updates, chapter shoulder

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that surgical consideration may be indicated for injured workers who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines recommend surgery for superior labrum anterior and posterior (SLAP) lesions after 3 months of conservative treatment when history, physical exam, and imaging indicate labral pathology. Guideline criteria have been met. There is imaging evidence suggestive of labral tearing/injury and positive for impingement. Subjective and clinical exam findings are consistent with labral pathology. Guideline recommended conservative treatment has been tried and failed to produce sustained improvement. There is significant functional limitation. Magnetic resonance imaging (MRI) findings were reported consistent with labral tearing/pathology and positive for impingement. There is documentation of failed conservative treatment with physical therapy and injections. Therefore, Outpatient right shoulder arthroscopic evaluation; SLAP tear repair; subacromial plasty and possible rotator cuff are medically necessary.