

Case Number:	CM14-0079951		
Date Assigned:	07/18/2014	Date of Injury:	10/20/2011
Decision Date:	08/25/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/30/2014

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:

43 year old claimant with industrial injury reported on 10/20/11. Claimant is status post left shoulder arthroscopic debridement of labral tear, biceps debridement and Mumford procedure on 1/24/12. Claimant underwent second surgery to left shoulder on 9/12/12. Claimant complained of persistent left shoulder pain and underwent MR arthrogram to left shoulder on 12/4/13 which demonstrated enlarging tear of the labrum. Partial tear was demonstrated of the supraspinatus and infraspinatus without full thickness tear. Exam note from 2/4/14 demonstrates pain with abduction with pain with impingement testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Labral tear and rotator cuff repair (LOS with length of hospital stay): 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): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Surgery for Rotator Cuff Repair and Labral tear, SLAP (Superior Labrum Anterior Posterior) Lesions diagnosis.

Decision rationale: CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 2/4/14 do not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. While there is evidence of pathology in the rotator cuff from 12/4/13 this in isolation does not satisfy the guidelines. Therefore the determination is for non-certification for the requested procedure. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions and for Type IV lesions if more than 50% of the tendon is involved. In this case there is insufficient evidence to warrant labral repair or rotator cuff repair secondary to lack of physical examination findings, lack of characterization of the type of labral tear. Therefore, the request of Left Labral tear and rotator cuff repair (LOS with length of hospital stay) is not medically necessary and appropriate.