

Case Number:	CM14-0093184		
Date Assigned:	07/25/2014	Date of Injury:	10/22/2012
Decision Date:	11/20/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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 Internal Medicine and is licensed to practice in New York. 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 46 year old male sustained an injury to his left shoulder 10/22/12. He reportedly has a slap tear and adhesive capsulitis of the left shoulder. As of 12/20/13, he complained of left shoulder pain with reaching. He lacked 10* of external rotation and there was otherwise full range of motion. Impingement sign was negative. And there was 4+/5 weakness against strength testing. The diagnosis was left shoulder labral tear. As of 2/5/14 he reported an incident in physical therapy that resulted in pain with abduction. There was no catching, clicking, locking though he had pain with maximum range of motion. A repeat MRI was requested. An MRI report dated 2/20/14 showed no new findings and no evidence of a slap lesion. There is a tear at the level of the anterior fibrocartilage and no tear posteriorly. There is a small joint effusion, as suggestion of tendinitis, congenital narrowing of the acromiohumeral space, and mild degenerative changes of the acromioclavicular joint as well as the inferior aspect of the osseous glenoid, evidence of a prior Hill-Sachs lesion at the humeral head. As of 2/26/14, he demonstrated a full range of motion. The request was for left shoulder biceps tenodesis, possible biceps tenotomy, subacromial decompression, cuff repair and debridement, slap repair, and manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007, Shoulder-Diagnostic arthroscopy.

Decision rationale: "Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care." Imaging has not been inconclusive subjective complaints and physical findings are not consistent. Therapy is not a record from physical therapy. The extent of physical therapy and other conservative measures tried has not been sufficient to establish medical necessity for an invasive procedure. Injectional therapy has not been tried. Therapy is not a complaint of pain with overhead reaching or of difficulty sleeping. The MRI does not support the medical necessity for the requested procedures. Therefore, this request for left shoulder arthroscopy is not medically necessary.