

<b>Case Number:</b>	CM14-0114259		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/21/2008
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 records presented for review indicate that this 35 year-old male was reportedly injured on February 21, 2008. The mechanism of injury is noted as a lifting injury while working. The most recent progress note, dated May 20, 2014 indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated painful elevation and impingement signs. Left shoulder range of motion with 170 of forward flexion and external rotation of 35. Slap test is positive. Diagnostic imaging studies objectified a superior tear of the labrum, a full thickness tear of the subscapularis, a type 2 SLAP tear and acromioclavicular arthritis. Previous treatment includes exercise, and pharmacotherapy. A request had been made for a left shoulder arthroscopy with labral repair in decompression and was not certified in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthroscopy with Labral Repair Decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder Chapter-Diagnostic Artroscopy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC ODG

Treatment Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic)  
(updated 08/27/14)

**Decision rationale:** The CA MTUS guidelines do not address slap repairs. Therefore, ODG guidelines are used. ACOEM and ODG guidelines reference that most slap tears are treated with anti-inflammatory medications, activity modification, and physical therapy, and support surgical intervention in select clinical settings when non operative treatment fails. The criteria for surgical intervention include select type II and IV lesions which have failed to respond to conservative treatment. Surgical intervention for repair of type I and type III lesions are not typically supported; though there may be an indication for debridement. A progress note from January 2014 indicates the patient is having pain rated 0-8/10 on the VAS, and has had no recent studies, no previous injections, and no previous physical therapy at that time, the MRI was ordered. The medical record provided contains insufficient clinical documentation that the claimant has failed the appropriate duration and type of conservative treatment and the MRI that the encounter note provides insufficient documentation to determine that a type II or a type 4 tear is present. Based on the information available, this request is not medically necessary.