

Case Number:	CM14-0188112		
Date Assigned:	11/18/2014	Date of Injury:	08/20/2012
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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 Surgeon 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:

This is a 60 year old male patient with an 8/20/12 injury date. In a 10/13/14 note, the patient complained of 5-7/10 pain on a daily basis. Objective findings included a positive Speed's test, positive apprehension test, full range of motion, no instability, and rotator cuff working well. The provider stated that the patient has a clear recurrent biceps labral complex tear on physical exam and is considering a repeat right shoulder arthroscopy with biceps labral complex debridement. The provider was attempting to wean the patient back on his pain medications. Diagnostic impression: right shoulder labral tear s/p arthroscopy. Treatment to date: right shoulder arthroscopy, medications, physical therapy. A UR decision on 10/31/14 denied the request for right shoulder arthroscopy/debridement because there was no information concerning recent conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy/debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG SLAP

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--Arthroscopy.

Decision rationale: CA MTUS and ODG recommend diagnostic shoulder arthroscopies with inconclusive imaging and continued pain or functional limitation despite conservative care. However, there is not enough information to support a repeat right shoulder arthroscopy. It is unclear what the diagnosis is because there were no imaging reports or discussion of reports and the physical exam findings were relatively nonspecific. There was no mention of recent conservative treatment directed specifically towards the shoulder symptoms that have persisted since the original arthroscopy. It is unclear how a repeat arthroscopy would benefit the patient without additional information and failure of conservative treatment methods such as a cortisone injection. Therefore, the request for right shoulder arthroscopy/debridement is not medically necessary.