

Case Number:	CM14-0189879		
Date Assigned:	11/21/2014	Date of Injury:	06/11/2009
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/13/2014

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 Minnesota. 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 injured worker is a 48 year old female with a history of multiple myeloma. She injured her right shoulder while using a power washer on 6/11/2009. She underwent an MRI scan on 8/18/2009 which showed severe tendinosis of the rotator cuff but no full thickness tear. There was an irregular signal in the labrum consistent with degeneration or a tear. She postponed the treatment because of the diagnosis of multiple myeloma. She presented on 9/8/2014 for treatment stating that she had been cleared by her oncologist. Surgery was requested for the previously diagnosed labral tear. However, there was no recent documented rehab program. The progress notes from 10/24/2014 indicated 5/5 muscle strength in the shoulder except for abduction which was 4/5. No significant functional deficits were present. It was not known what type of SLAP tear was present. There was no letter from the Oncologist clearing her for surgery. Utilization Review denied the request for surgery for lack of a recent program of conservative treatment with injections and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic and Labral Repair Surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 212, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Surgery for SLAP lesions

Decision rationale: The California MTUS ACOEM Practice Guidelines indicate surgical considerations for failure of a comprehensive conservative treatment program consisting of exercise programs and corticosteroid injections to increase the strength and range of motion and clear clinical and imaging evidence of a lesion that is known to benefit both in the short and long term from surgical repair. The documentation does not indicate a failed conservative treatment program. Official Disability Guidelines indicate surgery for type 2 and 4 SLAP lesions after documentation of 3 months of conservative care. The type of SLAP lesion is not documented. Based upon the above, the request for right shoulder arthroscopic labral repair does not meet the guideline criteria. Therefore, this request is not medically necessary.