

Case Number:	CM14-0196476		
Date Assigned:	12/04/2014	Date of Injury:	06/24/2013
Decision Date:	01/16/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 Illinois. 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 32-year-old male who reported injuries due to cumulative trauma on 06/24/2013. On 10/06/2014, his diagnoses included labral tear to the left shoulder. On 8/25/2014, his complaints included pain and weakness to the left shoulder. He stated his pain increased when he attempted to raise his arm above shoulder level. He was offered physical therapy, but declined as he felt that it might aggravate his condition. He did receive a cortisone injection which he felt did not help him. His left shoulder ranges of motion, measured in degrees, were flexion 180, abduction 170, external rotation 85, and internal rotation 80. He had a negative apprehension, sulcus and Speed's test. He had a positive O'Brien's test. There was no evidence of posterior instability or tenderness to the AC joint. X-rays revealed no evidence of acute bony trauma with the joint spaces being well maintained. Both an MRI and MR arthrogram of the left shoulder revealed a tear of the anterior superior labrum extending from the 1 o'clock to the 2 o'clock position with mild tendinosis of the supraspinatus and infraspinatus tendons without any discrete tears. Although a progress note stated that his conservative treatment included medications and activity modification, neither the medications nor modifications were specified in the submitted medical records. He stated that because of his continued symptoms, he wished to proceed with a surgical option, which consisted of a left shoulder arthroscopy with labral repair versus debridement. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy w/Labral Repair Versus Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary last updated 08/27/2014; and American Association of Orthopaedic Surgeons - Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics - Role of the first assistant

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Labrum tear surgery

Decision rationale: The request for Left Shoulder Arthroscopy w/Labral Repair versus Debridement is not medically necessary. The Official Disability Guidelines noted that labral tears can be located either above (superior) or below (inferior) the middle of glenoid socket. A SLAP tear is a tear in the labrum that covers the top part of the shoulder socket from front to back. A SLAP tears occurs at the point where the long head of the biceps tendon attaches. This type of tear occurs most commonly during falls on an outstretched arm. Most superior labral tears can be treated with anti-inflammatory medications, activity modification, and physical therapy, but if non-operative treatment fails, surgery may be indicated. Although it was noted that this injured worker took medications, the type of medications and the duration of the pharmacotherapy was not indicated in the submitted documentation. Furthermore, it was noted that he refused physical therapy. The clinical information submitted failed to meet the evidence based guidelines for the requested service. Therefore this request for Left Shoulder Arthroscopy w/Labral Repair versus Debridement is not medically necessary.

Associated surgical services: Cold Therapy x10 day left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary last updated 08/27/2014

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated surgical services: Abduction Pillow with Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary last updated 08/27/2014

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated surgical services: Post Op PT x 12 visits left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.