

Case Number:	CM14-0197842		
Date Assigned:	12/08/2014	Date of Injury:	09/10/2012
Decision Date:	01/28/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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:

This is a 58 year old male with a 9/10/12 injury date. In a 10/17/14 note, the patient complained of neck pain radiating to both shoulders. The patient reported having no shoulder pain. Objective findings included right shoulder flexion to 180 degrees, external rotation to 50 degrees, intact sensation, and lateral apprehension. A 3/17/14 right shoulder MRI revealed a bucket-handle tear of the posterior superior portion of the glenoid labrum with an associated paralabral cyst. The provider recommended right shoulder arthroscopy with labral debridement versus repair. Diagnostic impression: right shoulder superior labrum anterior-posterior (SLAP) tear. Treatment to date: medication and physical therapy. A UR decision on 10/30/14 denied the request for right shoulder arthroscopy because there was a lack of significant deficits on physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy: 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

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--Surgery for SLAP lesions.

Decision rationale: CA MTUS and ODG state that surgery for SLAP lesions is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved, in addition to a history and physical findings consistent with a SLAP lesion; recent literature suggest poor outcome with a Worker's Compensation patient population and age over 40. However, there was insufficient information to support the requested procedure. There was a lack of physical exam detail such as shoulder strength, stability, and provocative maneuvers such as O'Brien's test. The patient did not specifically complain of right shoulder pain during the last visit. Although the MRI did reveal a SLAP lesion, repair of this lesion is may not always be beneficial in patients over the age of about 40. In addition, it was not clear if an intra-articular steroid injection had ever been tried. Therefore, the request for right shoulder arthroscopy is not medically necessary.