

Case Number:	CM14-0203496		
Date Assigned:	12/16/2014	Date of Injury:	09/08/2012
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/05/2014

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 46-year-old male with reported date of injury of September 8, 2012. He complains of pain in the left shoulder. Per authorization for surgery consultation of 10/14/2014, he was continuing to complain of neck, left shoulder and left arm pain and weakness. On examination flexion and abduction of the arm were less than 90. A detailed examination of the shoulder is not included. The assessment was status post left shoulder SLAP lesion surgery with ongoing need for second surgery, visual disturbances and wrist laceration following industrial injury. An orthopedic AME was performed on September 9, 2014. The documentation indicates that on September 8, 2012 the injured worker was attempting to free some stuck papers in a heavy machine. His left hand got stuck and the machine grabbed his arm causing lacerations that were sutured. He saw an orthopedic surgeon on December 4, 2012. The injuries were to the left wrist, shoulder, and cervical spine. MRI scans were performed. He then underwent surgery on the left shoulder consisting of debridement, decompression and SLAP repair and open biceps tenodesis on November 18, 2013. His pain persisted and he underwent injections on February 10, 2014 and May 7, 2014. On the day of the examination range of motion of the left shoulder was limited with flexion 90, extension 30, abduction 90, adduction 30, internal rotation 50 and external rotation 30. There was some hypoesthesia of the left thumb. Deep tendon reflexes were 2+ bilaterally. Per orthopedic note dated July 31, 2014 a second surgery was recommended consisting of left shoulder arthroscopy with rotator cuff debridement versus repair and possible labral debridement with removal of the previous suture anchor. An MR arthrogram dated 7/18/2014 was reported to show moderate acromioclavicular joint arthrosis. There was a type II acromion. There was moderate supraspinatus and infraspinatus tendinosis without evidence of a tear. There was moderate subscapularis tendinosis with interstitial tearing of the superior fibers. The muscle bulk of the rotator cuff was normal without muscle strain, atrophy, or denervation

change. The labrum was intact without evidence of tear. The biceps tendon was not visualized. Utilization review noncertified a request for left shoulder arthroscopy with rotator cuff repair versus debridement, possible labral repair and repair of all damaged structures on December 2, 2014. MTUS guidelines were cited indicating need for rotator cuff repairs in significant tears that impair activities like causing weakness of arm elevation or rotation. There was no evidence of such weakness. There were no findings on MRI to suggest a surgical lesion. There were insufficient data on which to suggest a surgical intervention was warranted. The decision was appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with rotator cuff repair versus debridement, possible labral repair and repair of all damaged structures (unspecified whether in-patient or out-patient):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, and 211.

Decision rationale: The injured worker had undergone surgery for the left shoulder on November 18, 2013 and the glenoid labrum tear, the biceps tenosynovitis, and a partial tear of the rotator cuff were surgically corrected. A repeat MR arthrogram of July 2014 showed tendinosis of the supraspinatus and infraspinatus without no evidence of a tear. There was no labral tear identified. No surgical lesion or indication for a repeat surgical procedure was identified. California MTUS guidelines indicate surgical considerations when there is activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The MR arthrogram does not show a surgical lesion. As such, the request for arthroscopy of the left shoulder, rotator cuff repair versus debridement, labral repair, and repair of all damaged structures is not supported by guidelines and as such, the request is not medically necessary.