

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0039603 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 09/24/2013 |
| <b>Decision Date:</b> | 01/02/2015   | <b>UR Denial Date:</b>       | 03/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/04/2014 |

### 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 44 year old male patient with an injury date of 09/24/2013 described as encountering an acute onset of back pain while working. An initial evaluation on 09/25/2013 reported a diagnosis of thoracic sprain with modified work duties for 30 days. A primary treating note dated 09/30/2013 described a report being submitted secondary to a change in the patient's condition which necessitated documentation. It reported the patient feeling improvement in symptoms. The evaluation denoted one session of physical therapy accomplished and noted "feeling better". The report further stated him complaining of left shoulder pain since beginning home exercise program with difficulty raising left arm above head. Physical exam showed left shoulder without visual abnormality and decreased range of motion to flexion, abduction with pain to active range of motion. Documents also note positive for tenderness within the deltoid area. The injured worker participated in physical therapy having completed four sessions through 10/18/2013 and noted with symptomatic improvement. Office visit follow up dated 11/15/2013 reported "he feels like symptoms are worsening" with continued complaint of left shoulder pain. The patient resumed medication administration of Naproxen, Prilosec, Acteominophen, Ultracet and Flexeril as prescribed. A radiologic report dated 10/29/2013 revealed partial tear or tendonitis involving the supraspinatus tendon; without evidence of full rotator cuff tear. There is documentation of moderate joint effusion with areas of synovitis. An orthopedic evaluation on 12/06/2013 reported no change with conservative management and reported administering an injection to alleviate pain. Orthopedic examination dated 01/24/2014 reported still awaiting surgical approval as patient continues with persistent pain, limited range of motion and failed conservative management. The request for surgical shoulder repair submitted 02/27/2014 noted denied by Utilization Review on 03/06/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy and SLAP lesion repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Shoulder Section (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Labral tear surgery

**Decision rationale:** California MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. According to Official Disability Guidelines (ODG), Shoulder, labral tear surgery, it is recommended for Type II lesions and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. In this case there is insufficient evidence to warrant labral repair secondary to lack of physical examination findings, lack of documentation of conservative care or characterization of the type of labral tear from the exam note of 1/24/14. Therefore determination is not medically necessary and appropriate.