

Case Number:	CM15-0105659		
Date Assigned:	06/10/2015	Date of Injury:	10/20/2011
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 44-year-old male who sustained an industrial injury on 10/20/11. Injury occurred while he was moving a cabinet and fell into a hall hitting his left shoulder. He reported that his left shoulder popped, pulled and was painful. He underwent left shoulder arthroscopic debridement and Mumford procedure on 1/24/12, and further debridement and subacromial decompression on 9/12/12. He underwent post-operative physical therapy and work hardening but his symptoms did not improve. The 12/4/13 left shoulder MR arthrogram demonstrated irregularity along the anterior labrum with possible tearing from the 1:00 to approximately 4:00 position, evidence of prior suture anchors within the glenoid, and evidence of prior distal clavicle excision. The rotator cuff and biceps tendons appeared intact. The 1/13/15 initial orthopedic report cited left shoulder pain most of the time with associated weakness, popping, clicking and intermittent shooting pain through the arm. He was unable to lift anything overhead or away from his body. He had pain when hanging the arm unsupported by his side, and he was unable to sleep on the left side due to pain. Activities of daily living were affected by shoulder pain, and he had not be able to return to work. Left shoulder range of motion was reported as flexion 150, abduction 150, and external rotation 40 degrees with internal rotation to L4. There was a painful arc of motion, and tenderness to palpation over the lateral bursa, impingement area, and biceps tendon. There was 4+/5 weakness and pain with resisted external rotation and supraspinatus strength testing. There was 4+/5 weakness and pain with Dawbarn's, biceps tension, and biceps abduction. Impingement tests were positive. The injured worker had on-going pain with biceps tenosynovitis, possible labral degeneration versus tearing and very mild partial tear of the rotator cuff. Symptoms remained despite activity modification, anti-inflammatories, conservative management, and two surgeries. Treatment options were discussed,

including surgical arthroscopy of the shoulder with lysis of adhesions, evaluation and the rotator cuff with any necessary debridement versus repair, and long head biceps tenodesis. The 4/13/15 treating physician report indicated that the other physicians agreed with the surgical treatment plan. Authorization was requested for left shoulder arthroscopy with labral repair, post-operative physical therapy 12 sessions, and pre-operative medical clearance. The 5/11/15 utilization review non-certified the left shoulder arthroscopy with labral repair and associated surgical requests as there was no imaging report to support the medical necessity of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, labral repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter.

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: Surgery for SLAP lesions.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have been met. This injured worker presents with persistent left shoulder pain with clicking, and popping. Functional difficulty is noted in overhead and abduction activities, and has precluded ability to return to work. Clinical exam findings are consistent with imaging evidence of possible persistent labral tear and biceps pathology. Detailed evidence of at least 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Post operative Physical Therapy, 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for this procedure suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and is consistent with guidelines. Therefore, this request is medically necessary.

Pre operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, plausible long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.