

Case Number:	CM15-0137997		
Date Assigned:	07/27/2015	Date of Injury:	05/28/2014
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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: Minnesota, Florida
 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 5/28/2014. He reported a left shoulder injury after wrenching it using heavy equipment. Diagnoses include rotator cuff tendinosis, left shoulder, and partial thickness tear rotator cuff and superior labrum anterior tear. Treatments to date include activity modification, medication therapy, physical therapy, and ice. Currently, he complained of pain and weakness in the left shoulder. A left shoulder MRI dated 11/5/14 revealed rotator cuff tendinosis with a small bursal sac and partial thickness tear, mild degenerative change, and developing SLAP tear. On 6/22/15, the physical examination documented decreased left shoulder range of motion, positive Kennedy-Hawkins impingement sign and weakness. The plan of care included surgery, left shoulder rotator cuff tear and SLAP repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder surgery due to partial thickness rotator cuff tear and superior labral anterior and posterior (SLAP) tear: Upheld

Claims Administrator 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 - Rotator cuff tear, Surgery for SLAP lesions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, and 213. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: SLAP tears.

Decision rationale: Physical therapy notes indicate that the initial evaluation was done on 3/23/2015 and per report dated 5/22/2015 he had progressed well and had good range of motion and strength. He had minimal pain at rest. Flexion was 165 and abduction 167. External rotation was 65 and internal rotation 67. The treatment provided was progressive left shoulder strengthening. The goals had been met and he was discharged. The provider's progress note dated 6/22/2015 indicates a left shoulder flexion and abduction of 180 with discomfort; internal and external rotation 90 with discomfort and positive Hawkins & Kennedy testing of the left shoulder. There was 5 minus/5 weakness of left shoulder flexion and abduction. The diagnosis was rotator cuff tendinosis and partial-thickness rotator cuff tear and superior labral anterior/posterior tear treatment plan was authorization for possible surgery to the left shoulder due to partial-thickness rotator cuff tear and SLAP tear and to continue home exercises. No corticosteroid injections were documented. California MTUS guidelines indicate surgery for impingement syndrome is subacromial decompression. 3-6 months of physical therapy in combination with 2-3 corticosteroid injections and a comprehensive exercise rehabilitation program is recommended for partial-thickness rotator cuff tears small full thickness tears and impingement syndrome. Similar conservative treatment is also recommended for labral tears per ODG. Surgery for labral tears is reserved for type II and type IV tears failing conservative treatment. The documentation provided does not indicate any injections or recent 3-6 months of an exercise rehabilitation program with trial/failure. The MRI report showing a full-thickness rotator cuff tear or labral tear has not been submitted. Surgical considerations include 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. For reasons discussed above, the guideline criteria have not been met and as such, the request for arthroscopy, rotator cuff repair, or labral repair is not supported and the medical necessity of the request has not been substantiated.