

Case Number:	CM15-0195515		
Date Assigned:	10/09/2015	Date of Injury:	08/01/2012
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/05/2015

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 55-year-old male who sustained an industrial injury on 8/1/12. Injury was sustained while attempting to assist a student in gymnastics class. He lost his balance and fell forward onto his outstretched left arm with immediate onset of neck and left shoulder pain. The 9/4/12 left shoulder MRI impression documented no rotator cuff tear, subchondral cystic changes in the humeral head, and metallic susceptibility artifact in the region of the acromioclavicular (AC) joint and humeral head likely related to a prior surgery. There was focal increased T2 signal in the superior labrum, suspect for superior labral tear. He underwent anterior cervical discectomy and fusion with instrumentation on 6/10/13. The 6/8/15 orthopedic report cited left shoulder pain mainly with lifting and turning his arm. Left shoulder exam documented AC joint tenderness, and positive Hawkin's and Neer's signs. Prior treatment had included physical therapy, home exercise program, medications, and left shoulder corticosteroid injection with temporary relief for 2 weeks. Imaging was reviewed and demonstrated a cyst in the humeral head, bursitis, degeneration of the labrum and tear noted in the superior posterior portion, and rotator cuff tendinitis. The diagnosis included left shoulder labral tear and tendinitis. The treatment plan included left shoulder arthroscopy with possible labral debridement and possible bicipital tenodesis. The 7/9/15 psychiatrist progress report indicated that the injured worker was about the same mentally with a good response to treatment. He continued to complain of depression. Current psychiatric complaints included reduced insomnia due to pain. The diagnosis included depressive disorder and panic disorder with agoraphobia. Medications included Wellbutrin for depression, Xanax for anxiety, Restoril for insomnia, and Prozac for

depression. The 8/12/15 treating physician report cited grade 7-9/10 left shoulder pain and indicated that left shoulder surgery had been recommended. Authorization was requested for a left shoulder arthroscopy and a sleep study. The 9/8/15 utilization review non-certified the request for left shoulder arthroscopy as there was no indication of failed conservative treatment, no documentation of interference with activities of daily living, and no documentation of the type of SLAP lesion. The request for a sleep study was non-certified as there was no documentation of insomnia for at least 4 nights a week for at least 6 months, or evidence that other guideline indications for sleep study had been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for SLAP lesions; Labrum tear surgery.

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 complaints of persistent grade 7-9/10 left shoulder pain with lifting and turning his arm. History of injury, physical exam and imaging findings are consistent with labral pathology. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Guidelines state that diagnostic arthroscopy is the definitive diagnosis for SLAP tears. Therefore, this request is medically necessary.

Sleep Study: 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), Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Polysomnography.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not make recommendations relative to sleep studies (polysomnography). The Official Disability Guidelines recommend polysomnography after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Guideline criteria have not been met. There are no specific parameters of sleep dysfunction documented. Current psychiatric records indicate that the insomnia complaint had been reduced. There is no evidence that the injured worker has been unresponsive to sedative/sleep-promoting medications. Therefore, this request is not medically necessary.