

Case Number:	CM15-0200022		
Date Assigned:	10/19/2015	Date of Injury:	07/31/2014
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/12/2015

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: California, Oregon, Washington
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 53 year old male, who sustained an industrial injury on 7-31-2014. The injured worker was being treated for a partial rotator cuff tear, non-traumatic rupture of long head tendon of bicep, a Bankart lesion, and joint pain-shoulder. Medical records (7-13-2015, 7-16-2015, 8-20-2015, and 9-3-2015) indicate ongoing right shoulder pain with limited range of motion, weakness, instability, and night pain. The physical exam (7-13-2015, 7-16-2015, 8-20-2015, and 9-3-2015) reveals persistent protracted scapular winging of the right shoulder, tenderness of the anterolateral bursa and biceps, positive stability tests, positive rotator cuff tests, limited overhead and behind back range of motion due to pain. There is decreasing right shoulder external rotation, internal rotation, and flexion. On 6-15-2015, an MRI of the right shoulder revealed a moderate partial-thickness delamination tear of the supraspinatus muscle, a tear of the long head of the biceps tendon with mild tenosynovitis, and a Bankart lesion. There were chronic minimal degenerative changes of the acromioclavicular joint, and a small chronic cystic lesion in the subarticular humeral head. Per the treating physician (9-3-2015 report), x-rays of the right shoulder from 7-13-2015 were unremarkable. Treatment has included work modifications, off work, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (9-3-2015 report), the injured worker is not working. The requested treatments included a right long head biceps tenodesis, shoulder arthroscopic Bankart repair- posterior capsulorrhaphy, arthroscopic decompression, and rotator cuff repair. On 9-21-2015, the original utilization review non-certified a request for a right long head biceps tenodesis, shoulder arthroscopic Bankart repair-posterior capsulorrhaphy, arthroscopic decompression, and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right long head biceps tenodesis, shoulder arthroscopic Bankart repair/posterior capsulorrhaphy, arthroscopic decompression, and rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Thermal Capsulorrhaphy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder / Bankart repairs & Surgery for shoulder dislocation.

Decision rationale: Per ODG Shoulder, Bankart repairs: A Bankart tear is a tear in the labrum located in the front, lower (anterior, inferior) part of the shoulder socket. This type of tear occurs most commonly during a shoulder dislocation. A Bankart tear makes the shoulder more prone to recurrent dislocations. Whether this shoulder instability warrants a surgical intervention is also addressed by the ODG guidelines (Shoulder / Surgery for shoulder dislocation) which states: ODG Indications for Surgery - Shoulder dislocation surgery: Criteria for capsulorrhaphy or Bankart procedure with diagnosis of recurrent glenohumeral dislocations: 1. Subjective Clinical Findings: History of multiple dislocations that inhibit activities of daily living. PLUS2. Objective Clinical Findings: At least one of the following: Positive apprehension findings. OR Injury to the humeral head. OR Documented dislocation under anesthesia. PLUS3. Imaging Clinical Findings: Conventional x-rays, AP and true lateral or axillary view. In this case based on review of the medical records from 9/3/15 there is no history of multiple dislocations that inhibit activities of daily living nor is there the requisite objective clinical findings. Therefore the Bankart repair/capsulorrhaphy is not medically necessary. Thus the recommendation is for non- certification, therefore is not medically necessary.