

Case Number:	CM15-0203040		
Date Assigned:	10/19/2015	Date of Injury:	05/05/2014
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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 29 year old male with an industrial injury dated 05-05-2014. A review of the medical records indicates that the injured worker is undergoing treatment for superior glenoid labrum lesion (SLAP lesion) and aftercare following surgery of musculoskeletal system. According to the progress note dated 09-30-2015, the injured worker reported constant left shoulder pain. Pain level was 5 out of 10 on a visual analog scale (VAS). Objective findings (06-19-2015, 08-19-2015, 09-30-2015) revealed tenderness of the left lateral shoulder and limited range of motion. Magnetic Resonance Imaging (MRI) of the left shoulder dated 06-17-2014 revealed mild increased along the base of the superior labrum suspicious for a SLAP tear, mild tendinosis and strain of the supraspinatus and subscapularis tendons. Treatment has included left shoulder arthroscopy with superior labral repair and subacromial decompression on 09-09-2014, Magnetic Resonance Imaging (MRI) of the left shoulder on 06-17-2014, Motrin, and periodic follow up visits. The injured worker's work status is modified activity at work (if available). The utilization review dated 10-07-2015, non-certified the request for left shoulder arthroscopy, lysis of adhesions, subacromial decompression, distal clavicle resection, subpectoral biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, Lysis of Adhesions, Subacromial Decompression, Distal Clavicle Resection, Subpectoral Biceps Tenodesis: 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) Shoulder (Acute & Chronic) - Surgery for Impingement Syndrome, Indication for Surgery-Acromioplasty.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per Occupational Medicine documentation of 9/30/2015 the injured worker is a 29-year-old male with a date of injury of 5/6/2014. An MRI scan of the left shoulder dated 6/17/2014 revealed mild increased signal intensity along the base of the superior labrum suspicious for a SLAP tear. There was mild tendinosis/strain of the supraspinatus and subscapularis tendons. No significant rotator cuff tears. The injured worker had undergone a left shoulder arthroscopy with superior labral repair and subacromial decompression on 9/9/2014. The operative report or the orthopedic follow-up has not been submitted. On 9/30/2015, the subjective complaints included left shoulder pain (5/10) with radiation to the left arm, aggravated by movement. There was tenderness on the lateral aspect of the left shoulder. Range of motion was said to be limited. A detailed shoulder examination was not submitted. No additional diagnostic testing was submitted. The recommendation was a repeat surgical procedure including left shoulder arthroscopy, lysis of adhesions, subacromial decompression and distal clavicle resection and subpectoral biceps tenodesis. There is no documentation of a recent nonoperative treatment protocol with exercise rehabilitation program and corticosteroid injections. Imaging studies documenting the necessity of surgical intervention have not been submitted. As such, the request for a left shoulder arthroscopy with lysis of adhesions, repeat subacromial decompression and distal clavicle resection and subpectoral biceps tenodesis is not medically necessary.