

Case Number:	CM15-0214092		
Date Assigned:	11/04/2015	Date of Injury:	07/13/2015
Decision Date:	12/23/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/30/2015

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 61 year old male who sustained an industrial injury on July 13, 2015. The worker is being treated for: left rotator cuff syndrome, left glenoid labrum tear. Subjective: September 08, 2015, August 14, 2015 initial complaint of acute onset of left shoulder pain. August 27, 2015 he reported working regular duty work. He is with complaint of left shoulder pain, and stiffness radiating to posterolateral upper arm. September 15, 2015 he reported the Tramadol not working as well and still taking Ibuprofen. Objective: August 14, 2015 noted left shoulder abduction to 90 degrees, flexion decreased, positive Hawkin's impingement test, positive O'Brien's. September 08, 2015 noted left shoulder ROM still decreased but improved from last visit. Diagnostic: August 14, 2015 noted a request for MRI arthrogram to left shoulder, radiographic study performed left shoulder. September 22, 2015 noted undergoing MRI of left shoulder. Medication: August 14, 2015: initial evaluation prescribed Ibuprofen and dispensed Tramadol. August 27, 2015 refilled Tramadol. September 15, 2015 noted taking two days away from Tramadol with ability to take two at nighttime if required. There is note to stop Advil as it is Ibuprofen. On October 12, 2015 a request was made for left shoulder arthroscopy to include rotator cuff repair, decompression and biceps tendodesis that was noncertified by Utilization Review on October 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder Arthroscopy, Rotator cuff repair, Decompression and biceps tenodesis:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Surgery for SLAP lesions.

Decision rationale: An x-ray of the left shoulder dated 8/14/2015 revealed glenohumeral and acromioclavicular arthritis of moderate degree. An MRI scan of the left shoulder dated 9/22/2015 revealed mild to moderate rotator cuff tendinosis and there was no rotator cuff tear. Moderate tendinosis of the intra-articular long head of biceps tendon was noted. There was a chronic degenerative tear of the superior and posterior labrum. Moderate acromioclavicular joint arthrosis was noted. The primary treating physician's progress report and authorization for surgery dated 10/12/2015 is noted. The diagnosis was left rotator cuff syndrome. The surgery requested was arthroscopy, rotator cuff repair, decompression and biceps tenodesis. The documentation provided does not indicate a rotator cuff tear on the imaging studies. As such, a rotator cuff repair is not indicated. Furthermore, evidence of a recent nonoperative treatment protocol for 3-6 months with corticosteroid injections and an exercise rehabilitation program with trial/failure has not been submitted. As such, the request for subacromial decompression is not supported by guidelines. With regard to the request for biceps tenodesis for the SLAP tear, the guidelines necessitate presence of type II or type IV SLAP lesion with 50 % tear of the biceps attachment and evidence of a conservative treatment program with physical therapy and injections for a minimum of 3 months. In the absence of such evidence of a conservative treatment protocol, the request for biceps tenodesis is not supported. As such, the requested surgery is not supported by guidelines and the medical necessity of the request has not been substantiated. Therefore, the requested treatment is not medically necessary.