

Case Number:	CM15-0030203		
Date Assigned:	02/23/2015	Date of Injury:	02/22/2014
Decision Date:	04/02/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/18/2015

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:

The injured worker is a 27-year-old male who sustained an industrial injury on 2/22/14. Injury occurred while he was carrying a heavy carpet on his left shoulder, tripped and fell forward going up a flight of stairs. Past surgical history was positive for a left shoulder acromioclavicular (AC) joint reconstruction in 2013. Conservative treatment for this injury has included medication management, physical therapy, and activity modification. The 2/9/15 treating physician report cited severe anterior and posterior left shoulder pain with significant limitation in range of motion. The patient had attended 18 visits of physical therapy without improvement. He had not had an MRI. Physical exam documented right shoulder range of motion as elevation 140 degrees, external rotation 45 degrees, and internal rotation to T8. He was unable to fully bring the shoulder into abduction and full external rotation due to severe guarding. Neer, Hawkins, and O'Brien's tests were positive. There was AC joint tenderness and 4+/5 rotator cuff strength. X-rays were reviewed and showed clavicular hook plate in place with no new fracture or arthritic changes. The diagnosis was superior glenoid labrum lesion and shoulder pain. The treatment plan indicated the injured worker had signs and symptoms consistent with left shoulder injury, possible instability, possible SLAP tear, and rotator cuff syndrome. He had failed physical therapy and medications. MRI was requested for pre-operative planning. Surgery was requested to include left shoulder arthroscopic capsulorrhaphy, SLAP repair, deep hardware removal, and subacromial decompression. On 2/12/15, utilization review non-certified the request for left shoulder arthroscopic capsulorrhaphy, SLAP repair, deep hardware removal, and subacromial decompression citing the California Medical Treatment Utilization Schedule, American College

of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines. The rationale for non-certified documented a lack of imaging and injection therapy. On February 18, 2015, the injured worker submitted an application for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic capsulorrhaphy, SLAP repair, deep hardware removal, SAD:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter: Surgery for SLAP lesions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

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. Guidelines provide a general recommendation for impingement surgery with recommended conservative care, including steroid injections, for 3-6 months prior to surgery. Guideline criteria have not been met. This patient presents with left shoulder function-limiting pain. Clinical exam findings are reported consistent with possible instability, possible labral tear, and rotator cuff syndrome. However, imaging had not been performed at the time of this surgical request. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial including injection and failure has not been submitted. In addition, and, given the absence of clear imaging evidence of a surgical lesion, surgical intervention is not consistent with guidelines. Therefore, this request is not medically necessary.