

Case Number:	CM15-0035619		
Date Assigned:	03/04/2015	Date of Injury:	09/18/2013
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 62-year-old female, who sustained an industrial injury on 9/18/2013. The current diagnosis is affections shoulder region not elsewhere classified. According to the progress report dated 1/7/2015, the injured worker continues to have difficulty with her left shoulder. The physical examination of the left shoulder reveals decreased range of motion. Treatment to date has included medications, physical therapy, cortisone injection, and left shoulder manipulation under anesthesia. The treating physician is requesting left shoulder possible labral repair, possible RCR, subacromial decompression, debridement, possible manipulate, lysis, resect adhesion, which is now under review. On 2/3/2015, Utilization Review had non-certified a request for left shoulder possible labral repair, possible RCR, subacromial decompression, debridement, possible manipulate, lysis, resect adhesion. The California MTUS ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder possible Labral Repair, possible RCR, Subacromial Decompression, Debridement, possible Manipulated, Lysis, Resect Adhesion: 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, Workers' Compensation, 19th Edition (web), 2014 Update.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. There is insufficient evidence from the exam note of 01/07/15 to warrant labral repair secondary to lack of physical examination findings, lack of documentation of conservative care or characterization of the type of labral tear. Therefore, determination is for non-certification.