

<b>Case Number:</b>	CM15-0047024		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: 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 38-year-old male with a date of injury of 4/1/2011. The request under review is arthroscopy of the left shoulder with a Bankart repair. The MRI scan of 10/27/2014 did not reveal a bony Bankart lesion. There was no Hill-Sachs lesion noted. Per AME of 10/20/2014 no shoulder dislocations were described. In addition, the injured worker described chronic neck pain, right hand/wrist symptoms including pain, numbness and tingling, and low back symptoms with frequent sharp pain. He also had left hip symptoms. There was a past history of work-related injury to the left wrist and lumbosacral spine but no previous trauma to the shoulder was documented. He had undergone a left wrist surgery consisting of radial shortening for Kienbock's disease. He described a constant stabbing pain in the left shoulder which involved the anterior and superior aspects of the shoulder and was aggravated by pushing/pulling and reaching overhead. The pain was alleviated by use of a TENS unit and heat. Examination of the left shoulder on that day revealed no swelling, atrophy, asymmetry, or ecchymosis. There was tenderness to palpation over the biceps and supraspinatus tendons and over the anterior capsular tissues. Flexion of the left shoulder was 130° and abduction 120°. Internal rotation was 40° and external rotation 70°. Testing of glenohumeral stability was noted to be stable to inferior, anterior, and posterior stresses. Apprehension sign was negative. Impingement test was positive. Humeral relocation test was negative. Drop arm test was negative. Yergeson's was also negative. Speed's test was positive. The medical records do not document any physical therapy or home exercise program for the shoulder at that time. The subsequent surgical request for arthroscopy and Bankart repair was non-certified by utilization

review for lack of objective evidence of medical necessity of the procedure and no documentation pertaining to a recent comprehensive nonsurgical treatment program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Operative arthroscopy left shoulder Bankart repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, online edition Chapter: Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Bankart repair.

**Decision rationale:** The MRI scan of the left shoulder dated 10/27/2014 revealed physiological fluid in the shoulder joint. There was anterior capsulitis and sprain. Acromion was type I. There was arthrosis of the acromioclavicular joint with inferior projecting spurs, associated impingement on the traversing underlying supraspinatus but no rotator cuff tear. The supraspinatus, infraspinatus, teres minor and subscapularis were satisfactory. There was no SLAP tear. There was no tear of the posterior labrum. There was increased signal traversing the anterior labrum suggestive for a tear. Consider Perthes lesion versus a soft tissue Bankart lesion. The bony glenoid was intact and there was no bony Bankart lesion or reversed bony Bankart lesion noted. No Hill-Sachs or reverse Hill-Sachs deformity was noted. The clinical examination referenced above does not support a positive apprehension sign or evidence of instability. However, presence of impingement was documented. There is no documentation of a recent comprehensive exercise rehabilitation program with corticosteroid injections for impingement. ODG criteria for Bankart procedure include a history of multiple dislocations that inhibits activities of daily living plus objective clinical findings of positive apprehension test or injury to the humeral head or documented dislocation under anesthesia plus imaging clinical findings. In the absence of documented instability a Bankart repair is not supported and the medical necessity of the request is not established. Therefore the request is not medically necessary.