

Case Number:	CM15-0075200		
Date Assigned:	04/27/2015	Date of Injury:	02/10/2014
Decision Date:	08/05/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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, Indiana, Oregon
 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 49 year old female, who sustained an industrial injury on February 10, 2014. She reported left shoulder pain with a pop type sensation. The injured worker was diagnosed as having left shoulder SLAP tear, impingement syndrome and AC joint arthritis. Treatment to date has included injection, diagnostic studies, physical therapy and medication. On March 6, 2015, the injured worker complained of persistent left shoulder pain with clicking and popping on the shoulder. Physical examination of the left shoulder revealed positive Impingement pain with cross chest, tenderness over the AC joint, pain with extension and pain with O'Brien. Strength was noted to be good. Notes stated that she has tried all conservative measures of therapy to no significant improvement. The treatment plan included left shoulder arthroscopy, subacromial decompression, distal clavicle resection and possible SLAP debridement versus repair. On April 1, 2015, Utilization Review non-certified the request for P2P resection labral debridement versus repair P2P left shoulder arthroscopy subacromial decompression distal clavicle, citing ACOEM Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P left shoulder arthroscopy subacromial decompression distal clavicle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the 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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 3/6/15 does demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection and AC joint arthrosis on MRI. Therefore the request has satisfied the guideline criteria and is medically necessary.

P2P resection labrel debridement vs repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter.

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. In this case, the MRI shows no evidence of labral tear. Based on this the request is not medically necessary.