

Case Number:	CM15-0080952		
Date Assigned:	05/01/2015	Date of Injury:	05/09/2014
Decision Date:	06/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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 59 year old female who sustained an industrial injury on 05/09/2014. Current diagnoses include right acromioclavicular arthritis, right supraspinatus sprain/strain, right shoulder impingement syndrome, right knee medial meniscus tear, right knee sprain/strain, and right knee effusion. Previous treatments included medication management, physical therapy, and activity modifications. Previous diagnostic studies include MRI's of the right shoulder and right knee and EMG/NCS. Report dated 03/27/2015 noted that the injured worker presented with complaints that included right shoulder pain and right knee pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included recommendations for medications, requests for right shoulder surgery and right knee surgery. Disputed treatments include arthroscopic examination of the right shoulder with repair versus debridement of the anterior glenoid labral tear with acromioplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic examination of the right shoulder with repair versus debridement of the anterior glenoid labral tear with acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation ODG, Shoulder, labral tear surgery.

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 3/27/15 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. Therefore, the requested treatment is not medically necessary.