MAXIMUS Federal Services

Case Number:	CM15-0084271		
Date Assigned:	05/06/2015	Date of Injury:	06/06/2013
Decision Date:	06/04/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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 was a 39-year-old female, who sustained an industrial injury, June 6, 2013. The left shoulder injury occurred when carrying a box with a co-worker who dropped their end of the box. The injured worker previously received the following treatments left shoulder MRI, x-rays of the left shoulder, physical therapy, second left shoulder surgery February 25, 2014 and home exercise program. The injured worker was diagnosed with SLAP tear with biceps tendinitis, status post labral repair. According to progress note of March 6, 2015, the injured workers chief complaint was left shoulder pain. The injured worker described the pain as constant dull in the left shoulder that began acutely after feeling a pop six weeks after second surgery. The pain localized in the lateral deltoid with stabbing component anteriorly. The injure worker denied numbness. The physical exam noted localized pain in the lateral deltoid and biceps region. Persistent left shoulder pain, failed conservative measures possible SLAP tear with biceps tendinitis. The O'Brien's test was positive with pain in the biceps region. The Speed's test was positive. The treatment plan included outpatient left shoulder diagnostic arthroscopy with possible labral repair and biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left shoulder diagnostic arthroscopy with possible labral repair and biceps tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209,Chronic Pain Treatment Guidelines Page(s): 77-78,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, (Acute & Chronic), Low Back, pre-operative testing.

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: 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, there is insufficient evidence to warrant labral repair secondary to lack of MRI (8/15/14) evidence of a surgical lesion. The findings are not equivocal so a diagnostic arthroscopy is not warranted. Therefore, the request is not medically necessary.