

Case Number:	CM14-0117866		
Date Assigned:	08/05/2014	Date of Injury:	12/01/2011
Decision Date:	08/14/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35-year-old female who reported an injury on December 01, 2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right shoulder. The injured worker was evaluated on September 17, 2013. The injured worker had exhausted all non-operative treatments. The injured worker was evaluated on May 07, 2014, and had complaints of persistent shoulder pain. Physical findings included tenderness to palpation of the shoulder joint with restricted range of motion described as 140 degrees in flexion and 110 degrees in abduction with pain in all planes of motion and a positive impingement sign and Speed's sign. The injured worker had undergone a magnetic resonance (MR) arthrogram of the right shoulder on May 14, 2013 that identified possible pathology consistent with a superior labral tear from anterior to posterior (SLAP) tear, small loose bodies in the subscapularis recess, and rotator tendinopathy. The injured worker was evaluated on June 05, 2014 and had continued right shoulder pain and discomfort with tenderness to palpation over the acromioclavicular joint, limited range of motion, and a positive impingement sign and Speed's test. The patient wanted to proceed with surgical intervention. The injured worker's diagnoses included unspecified site of sprain and strain, impingement shoulder, and carpal tunnel syndrome. A request was made for a surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Repair, Arthroscopic SLAP (superior labral tear from anterior to posterior): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: The requested Right Shoulder Repair, Arthroscopic SLAP (superior labral tear from anterior to posterior) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for patients who have clear clinical findings of functional deficits that are consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has exhausted all non-operative treatments and has significant pain in all planes of range of motion. The injured worker underwent an imaging study that identified the possibility of a SLAP lesion tear. However, an independent review of that MRI was not provided. An independent review of an imaging study is needed to assist with determining the appropriateness of surgery. An evaluation from the treating physician or a copy and pasted report into the clinical evaluation is not considered an independent evaluation. In the absence of this information, the appropriateness of the surgical intervention requested cannot be determined. As such, the requested Right Shoulder Repair, Arthroscopic SLAP (superior labral tear from anterior to posterior) is not medically necessary or appropriate.