

Case Number:	CM14-0131591		
Date Assigned:	08/20/2014	Date of Injury:	10/23/2013
Decision Date:	09/22/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 California. 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 claimant is a 32-year-old female who sustained a vocational injury on October 21, 2013 while helping to load milk gallons in a dairy box. The medical records provided for review include the office note dated July 21, 2014 listing the claimant's diagnoses as right shoulder traumatic pain, right shoulder acromioclavicular arthritis, right shoulder SLAP tear, and right cervical mild spondylosis. It was documented that the claimant "feel something in there" when she lifted her arm up and stabbing pain that radiated to her right arm when she tilted her head to the left. A cortisone injection in the acromioclavicular joint provided at least eighty percent improvement. Other conservative treatment included formal physical therapy and six chiropractic treatments. Examination revealed exquisite tenderness to palpation at the acromioclavicular joint, forward flex to 170 degrees, external rotation to 40 degrees, internal rotation to L1 but no impingement signs. Sensation was intact of the bilateral upper extremities. The report of X-rays of the right shoulder dated January 17, 2014 were noted to be unremarkable. The report of a Cervical MRI showed mild C5-6 disc disease with left greater than right bulge which was noted to be mild. The report of an MRI of the right shoulder without contrast on December 31, 2013 identified mild supraspinatus, infraspinatus and subscapularis tendinopathy without discrete tear or retraction. There was moderate superior labral degeneration partially visualized on exam. The anterior aspect of the axillary pouch was slightly thickened and ill-defined which could be due to its collapsed state versus mild adhesive capsulitis. The report of an MR arthrogram dated May 30, 2014 showed an abnormal enhancement and irregularity at the base of the superior labrum consistent with a SLAP lesion. The remainder of the labrum appeared intact. There were changes of tenodesis/tendonopathy affecting the supraspinatus without significant tearing evident. The components of the coracoacromial arch revealed gradual curvature of the acromion where there was mild acromioclavicular joint arthropathy without

significant deformity upon the supraspinatus muscle tendon complex. This review is for right shoulder decompression, possible open biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder decompression; possible open biceps tenodesis, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter, Rotator Cuff Repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Biceps tenodesis.

Decision rationale: The California ACOEM Guidelines recommend that there should be activity limitation for more than four months plus the existence of a surgical lesion prior to consideration for surgery. The ACOEM Guidelines recommend for decompression that conservative treatment including cortisone injections should be carried out for at least three to six months before considering surgery. The California MTUS and ACOEM Guidelines do not address biceps tenodesis but the Official Disability Guidelines recommend three months of conservative treatment to include anti-inflammatories, formal physical therapy, type II and type IV SLAP lesions, as generally type I and type III lesions do not need any treatment or debridement, and history and physical examination should indicate pathology. Generally biceps tenodesis are considered in individuals that are over the age of 40 years. The documentation provided for review does not confirm that the claimant has attempted, failed and exhausted conservative treatment to include anti-inflammatories, formal physical therapy and subacromial injection for impingement syndrome for a period of at least three to six months. In addition, there is no classification or documentation on imaging of the suspected SLAP lesion. Documentation from July 21, 2014 also suggests the claimant is improving with conservative treatment and there is no documented activity, functional, or vocational limitation and or documentation of significant abnormal physical exam objective findings establishing the medical necessity of the requested procedure. Therefore, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for the right shoulder decompression, possible open biceps tenodesis cannot be considered medically necessary.

Right shoulder possible repair superior labral anterior posterior lesion, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (updated 04/25/14), Surgery for SLAP Lesions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Surgery for SLAP lesions.

Decision rationale: Based on the California ACOEM Guidelines and the Official Disability Guidelines, the request for possible repair of superior labral anterior posterior lesion also cannot be recommended as medically necessary. There is no documentation of the classification of the lesion. The Official Disability Guidelines note that surgical intervention should only be considered in type II and type IV lesions and after three months of continuous conservative treatment has been exhausted in the form of anti-inflammatories and physical therapy. Documentation suggests the claimant has undergone a short course of physical therapy, but there is no documentation the claimant has attempted, failed and exhausted anti-inflammatories or is performing a home exercise program. In addition, there is a lack of abnormal objective findings on examination establishing the claimant has pathology of the glenoid labrum to suspect a clinical SLAP tear. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines as well as California ACOEM Guidelines, the request for right shoulder possible superior labral anterior posterior lesion repair cannot be considered medically necessary.

Ultrasling, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.