

<b>Case Number:</b>	CM14-0133020		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Orthopaedic 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:

This 49-year-old female burrito roller sustained an industrial injury on 11/16/12. The mechanism of injury was not documented. The 9/4/13 left shoulder MRI impression documented moderate to severe supraspinatus and infraspinatus tendinosis with supraspinatus tear, and moderate subscapularis and biceps tendinosis. There was degeneration or degenerative tearing of the superior and anterosuperior portions of the labrum. There was moderate acromioclavicular joint osteoarthritis, type 3 acromion with a subacromial spur, and mild down sloping acromion with impingement risk factors. There were findings consistent with subacromial/subdeltoid bursitis. The 7/28/14 treating physician report cited persistent grade 4/10 left shoulder pain with weakness and difficulty in overhead activities. The patient was taking Naprosyn. Physical exam documented full passive range of motion, decreased active motion, positive apprehension and relocation testing, and pain with exam. The diagnosis was SLAP tear and impingement syndrome. The treating physician stated there was a clear cut symptomatic SLAP/biceps anchor tear that required surgery. The patient was capable of modified work. The 8/6/14 utilization review denied the request for left shoulder surgery as there was no documentation of conservative treatment to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthroscopy with Biceps Tenodesis and SLAP Tear: Upheld**

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

**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, Biceps tenodesis, Surgery for SLAP lesions.

**Decision rationale:** The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been show to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines for surgical repair of SLAP lesions state that SLAP lesions may warrant surgical treatment in certain cases. Surgical intervention may be considered for patients failing conservative treatment. Guideline criteria have not been met. There is no documentation in the available records that reasonable comprehensive conservative guideline-recommended treatment had been tried and failed. Therefore, this request is not medically necessary.