

Case Number:	CM14-0149439		
Date Assigned:	09/18/2014	Date of Injury:	10/17/2013
Decision Date:	10/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/15/2014

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 29-year-old gentleman who sustained an injury to the right shoulder in work-related accident on October 17, 2013. The medical records provided for review document that since the time of injury, the claimant has been treated conservatively. The report of a follow up visit on August 6, 2014, describes continued complaints of pain to the anterior aspect of the shoulder and bicep tendon. Physical examination showed acromioclavicular joint tenderness, trapezius tenderness, and 3-4/5 strength with resisted abduction. The report of an MRI dated July 3, 2014, revealed a 6 millimeter mass in the posterior inferior aspect of the glenohumeral joint and chronic superior labral tear from anterior to posterior (SLAP) tearing. There was also noted to be a type two acromion and mild tendinosis of the bicep tendon. Records indicate that previous conservative treatment has consisted of medications, physical therapy and work restrictions. There is no documentation of recent cortisone injections to the shoulder. The recommendation was made for arthroscopic subacromial decompression and labral debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Debridement of glenoid labrum and possible excision and biopsy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: shoulder procedure - Surgery for SLAP lesions

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for debridement of glenoid labrum and possible excision and biopsy is not recommended as medically necessary. The medical records do not support that the claimant has exhausted all benefit of conservative treatment for impingement to support the need for surgery. The specific portion of the surgery dealing with debridement of the claimant's labrum would also not be necessary in absence of six months of failed conservative care including injections.

Right shoulder arthroscopic subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: California ACOEM Guidelines do not support the request for right shoulder arthroscopic subacromial decompression as medically necessary. ACOEM Guidelines in regards to surgery for impingement indicate that need for up to six months of conservative treatment including injections. While the claimant is noted to have signs and symptoms of impingement, there is no documentation of six months of conservative care to include injections. Without documentation of a prior corticosteroid injection this individual would fail to meet the ACOEM Guideline for the requested surgical process.