

Case Number:	CM14-0160051		
Date Assigned:	10/03/2014	Date of Injury:	08/23/2013
Decision Date:	11/06/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This is a 39 year old male with an 8/23/13 injury date. He fell off of a 17 foot roof and landed on his left side. In an 8/27/14 follow-up, subjective complaints included ongoing neck, shoulder, knee, and ankle pain. There was not significant change noted in the exam findings. In a 6/12/14 QME note, left shoulder objective findings included positive impingement signs, positive sulcus sign, slightly reduced range of motion, and normal strength. A left shoulder MRI on 9/25/13 showed disorganized increased signal intensity in the superior lip of the glenoid labrum that is at the biceps tendon anchor and extends posteriorly, the long head of the biceps tendon is within the bicipital groove, and the intraarticular component of the tendon appears intact. Diagnostic impression: left shoulder SLAP tear. Treatment to date: medications, chiropractic care. A UR decision on 9/12/14 denied the request for left shoulder repair (arthroscopy with debridement and labral repair) on the basis that the MRI did not show a type II or IV lesion of the labrum, and conservative treatment measure were not exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder repair (arthroscopy with debridement and labral repair): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic)

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--Surgery for SLAP lesions. Other Medical Treatment Guideline or Medical Evidence: Denard PJ, Ladermann A, Burkhart SS. Long-term outcome after arthroscopic repair of type II SLAP lesions: results according to age and worker's compensation status. Arthroscopy. 2012 Apr;28(4):451-7.

Decision rationale: CA MTUS and ODG state that surgery for SLAP lesions is recommended for Type II lesions, and for Type IV lesions if more than 50% of the labrum is involved, in addition to a history and physical findings consistent with a SLAP lesion; recent literature suggest poor outcome with a Worker's Compensation patient population and age over 40. However, there is no clear indication on MRI that the patient's labral tear represents a type II or IV lesion. More problematic is the lack of objective findings that would correlate with SLAP tear, such as O'Brien's test, Speed's test, or Yergeson's test, and no history of intra-articular cortisone injection. The majority of patients with SLAP tear in the 35 and over age group improve with conservative treatment that includes an intra-articular cortisone injection and physical therapy. In addition, there is no documentation of prior physical therapy that was directed specifically to the patient's shoulder condition. Overall, there is limited evidence that the medical necessity of the request has been established. Therefore, the request for left shoulder repair (arthroscopy with debridement and labral repair) is not medically necessary.