

<b>Case Number:</b>	CM14-0163495		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Minnesota. 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 28 year old male with a history of recurrent dislocations of the right shoulder. The last one on 5/19/2014 reduced spontaneously. Xrays are negative and the MRI scan of 07/15/2014 revealed a type I acromion with small inferolateral spur, flattening of the greater tuberosity, and tendinosis of the supraspinatus indicating impingement. There was no rotator cuff tear, Hill Sachs, or Bankart lesion. No labral tear was noted. Physical exam revealed apprehension but no other findings are documented. The disputed issue is arthroscopy of the right shoulder with rotator cuff repair and SLAP repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic right shoulder rotator cuff repair and SLAP (superior labrum, anterior and posterior) repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**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; Surgery for SLAP lesions.

**Decision rationale:** CA MTUS guidelines recommend surgery if there is clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short term and long term from surgical repair. Surgical considerations for a rotator cuff repair depend on a confirmed diagnosis of significant tears that impair activities by causing weakness of arm elevation or rotation. The MRI scan was negative for a rotator cuff tear. ODG guidelines recommend surgery for SLAP lesions if they are type II or type IV involving at least 50% of the tendon after 3 months of conservative treatment. The MRI does not show a SLAP tear. Based on the above the requested surgery as stated is not medically necessary.