

Case Number:	CM14-0166515		
Date Assigned:	10/13/2014	Date of Injury:	05/18/1995
Decision Date:	11/13/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 case involves a 47-year-old female who sustained an industrial injury on 5/18/1995. The mechanism of injury was not documented. Past medical history was positive for hypertension, obesity, gastroesophageal reflux disease, asthma, and depression. Past surgical history was positive for three left shoulder surgeries from 1995-1998, including an open Bankart repair, open posterior capsulorrhaphy, and repeat open capsulorrhaphy. Conservative treatment included physical therapy, activity modification, non-steroidal anti-inflammatory drugs, pain medications, and glenohumeral and subacromial corticosteroid injections. She continued to work full time. The progress reports from 11/19/13 to 9/19/14 documented conservative treatment limited to activity modification, ice, and medication. The 5/22/14 left shoulder MR arthrogram findings were suggestive of a focal full thickness perforation/rent within the rotator cuff. The majority of the supraspinatus and infraspinatus tendons were intact and the rent/perforation was very focal. There was severe teres minor muscle atrophy. The inferior labrum appeared diminutive with no definite displaced labral tear seen. The 9/19/14 treating physician report cited moderate to severe right shoulder pain, gradually worsening, with weakness, stiffness, instability and catching sensations. Symptoms were aggravated by lifting, reaching overhead, reaching behind her back, and typing/computer work. Symptoms are alleviated with rest, ice, and medications. Prior surgeries have alleviated some of the pain but never really alleviated the instability symptoms. Left shoulder exam documented moderate tenderness over the coracoid process, posterior deltoid, and biceps tendon. There was severe tenderness over the acromioclavicular joint. Passive range of motion was normal. Active flexion was slightly decreased to 150 degrees. External and internal rotation was normal. Neer's, Hawkins's, and apprehension signs were positive. MRI findings shows mild AC joint degenerative changes, and diffuse supraspinatus degeneration with partial thickness, possible full thickness, tear. There was moderate infraspinatus and severe

subscapularis atrophy. Authorization was requested for left shoulder arthroscopy with labral repair and capsular plication. The 9/23/14 treating physician report documented x-ray findings of a mild defect in the humeral head. The 9/30/14 utilization review denied the request for left shoulder surgery as there was no imaging evidence of a Type II or IV labral tear consistent with guideline surgical indications. The patient had undergone prior capsulorrhaphy without long-term benefit and there was not an adequate rationale offered as to why capsular plication would be beneficial at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with labral repair and capsular plication: 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 & Chronic) Chapter

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, Surgery for shoulder dislocation, Surgery for SLAP lesions

Decision rationale: The California MTUS 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 shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines recommend surgery for SLAP lesions after 3 months of conservative treatment for Type II or IV lesions, when history and physical exam and imaging indicate pathology. Guidelines typically support shoulder capsular surgery with history of multiple dislocations that inhibit activities of daily living, plus objective findings of positive apprehension, injury to the humeral head, or documented dislocation under anesthesia. Guideline criteria have not been met. Evidence of 3 to 4 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no clear imaging evidence of labral pathology. Therefore, this request is not medically necessary.