

Case Number:	CM14-0179133		
Date Assigned:	11/03/2014	Date of Injury:	09/20/2010
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 35-year-old male sustained an industrial injury on 9/20/10. Injury occurred relative to repetitive work activities as a welder. Past surgical history was positive for right shoulder distal clavicle resection, SLAP repair, decompression, and debridement of a partial thickness rotator cuff tear in April 2011. The injured worker underwent right shoulder arthroscopy, SLAP repair, debridement, platelet-rich plasma injection, and blood harvest on 4/16/14. The 7/29/14 treating physician report cited severe pain with vacuuming that had not improved. He had a positive Hawkin's test. A subacromial cortisone injection was provided. The 8/25/14 physical therapy report noted completion of 26 post-op visits. Records documented a gradual improvement in range of motion and strength with physical therapy treatment. There was no evidence in the physical therapy or treating physician records of shoulder instability. The 8/26/14 treating physician report indicated that injured worker was 5 months post-op with continued pain since vacuuming. He had a mild Neer and Hawkin's with tender Jobe's test. The posterior cuff and subscapularis were intact. He had painful O'Brien's with pronation and supination. The cortisone injection helped but he still had shoulder pain. An MR arthrogram was recommended to evaluate the repair. The 9/19/14 right shoulder MRI findings indicated that the superior labrum was blunted with susceptibility artifact from hardware limiting further evaluation of the superior labrum. There was some fraying. There was increased signal intensity which likely represented a small focal tear of posterior labrum. The 9/23/14 treating physician letter indicated that there was persistent tearing posteriorly on his MR arthrogram consistent with his pain and examination. He had failed conservative management and injection. Right shoulder arthroscopy and posterior stabilization with platelet-rich plasma injection was recommended. The 9/30/14 utilization review denied the right shoulder surgery and associated requests as there were no physical exam findings of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Scope With Posterior Stabilization: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Shoulder Dislocation

Decision rationale: The California MTUS guidelines state that "multiple traumatic shoulder dislocations indicate the need for surgery if the shoulder has limited functional ability and if muscle strengthening fails." Surgery can be considered for all patients who are symptomatic with all overhead activities, have had two or three episodes of dislocation and instability that limited their activities between episodes. The Official Disability Guidelines provide specific criteria for shoulder dislocation surgery that includes history of multiple dislocations that inhibit activities of daily living and at least one of the following objective clinical findings: positive apprehensive findings, injury to the humeral head, or documented dislocation under anesthesia. Guideline criteria have not been met. There is no documentation of shoulder dislocation, positive apprehensive findings, or injury to the humeral head to support the medical necessity of the requested surgical procedure. There is no evidence in the available records of shoulder instability. Therefore, this request for a Right Shoulder Scope with Posterior Stabilization is not medically necessary.

Associated Surgical Service: Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Pre-Op Labs: Complete Blood Count (CBC), Renal Function Panel, Platelet-Rich Plasma (PRP): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.