MAXIMUS Federal Services

Case Number:	CM14-0154812		
Date Assigned:	09/24/2014	Date of Injury:	06/10/2006
Decision Date:	01/02/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/22/2014

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 53 year old male with complaints of pain in the left shoulder from a work injury dated 06/10/2006. He has a past medical history of mild persistent asthma and past surgery on bilateral shoulders. The current diagnosis was labral tear, shoulder, symptomatic. The following records were submitted for review:- 01/10/2014 - The injured worker (IW) continues to complain of bilateral shoulder pain. Bone scan results were reviewed and the provider notes: "It looks like the right reverse total shoulder is doing well. The AC joint is inflamed." The injured worker was treated with a cortisone injection in the right shoulder joint. - 02/25/2014- The IW returned stating he was having pain, numbness and swelling in both hands. He stated the cortisone injection he received at the previous visit helped for about a week.- 04/14/2014 - The IW continued to have tenderness in the right shoulder joint. A second cortisone injection was administered into the right shoulder joint.- 06/24/2014 - The IW reports he is definitely better but still has significant pain in the right shoulder. MRI was requested.- 08/07/2014 - The injured worker reports he is somewhat better but still has left shoulder pain. At that time he said the cortisone injections did not work very well and he did not want to do them on the left side. According to the provider the MRI request was denied. Left shoulder arthroscopy superior labrum anterior posterior lesion repair, shoulder sling and 12 visits of physical therapy post - op was requested on 08/08/2014. Other treatments included anti-inflammatory and pain medications. On 08/20/2014 utilization review provided the following decisions: - Is left shoulder arthroscopy with SLAP repair and assistant surgeon recommended as medically necessary and appropriate? "There is no documentation of acute labral pathology with no formal imaging to the left shoulder available for review. The individual is noted to have already undergone three prior surgical processes in the form of arthroscopies to the left shoulder. Without documentation of acute imaging findings, there would be no current indication for a

fourth surgical arthroscopy in this individual."- Is shoulder sling recommended as medically necessary and appropriate? "The use of a sling would not be supported as the need for operative intervention has not been established."- Is physical therapy 12 visits recommended as medically necessary and appropriate? "California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines would not support twelve sessions of physical therapy as the need for operative intervention to the left shoulder has not been established."Guidelines cited: California MTUS, ACOEM Shoulder Complaints page 209-210: Official Disability Guidelines - Shoulder Chapter: Milliman Care Guidelines 17th edition -: assistant surgeon, CA MTUS Post-Surgical Treatment Guidelines. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Superior Labrum Anterior Posterior (SLAP) Lesion Repair with Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines supported by Milliman Care Guidelines

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, Labral tear surgery

Decision rationale: The CA MTUS/ACOEM Shoulder Chapter, pages 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. According to the ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. In this case there is insufficient evidence to warrant labral repair secondary to lack of physical examination findings, lack of documentation of conservative care or characterization of the type of labral tear from 8/7/14. Therefore the request is not medically necessary.

Shoulder Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Physical Therapy (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.