

Case Number:	CM14-0183781		
Date Assigned:	11/10/2014	Date of Injury:	11/05/2001
Decision Date:	01/12/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 51 year old male who suffered a work related injury to his right shoulder on 11/05/2001 while working as a pile driver. Per notes from 06/06/2014, he was treated by several orthopedic surgeons who initially recommended conservative management, but his pain continued to worsen and he developed limited range of motion of the right shoulder. Per UR report the MRI scan of 4/2/2009 showed mild supraspinatus tendinopathy, a type II SLAP lesion of the superior glenoid labrum, and degenerative arthritis of the acromioclavicular joint. The radiology report is not submitted. The injured worker underwent arthroscopic Bankart procedure on 10/16/2009. There was no SLAP lesion found. He continued to complain of pain in the right shoulder. A repeat MRI scan of 10/2/2013 with and without contrast showed suture anchor fixation of the anterior labrum, no evidence of a labral tear below the equator, sub-labral contrast collection and superior labrum reminiscent of meniscoid superior labrum with a biceps-labral complex type III minimal labral irregularity suggesting pathological conditions such as a SLAP lesion, post-surgical Mumford procedure, post-surgical acromioplasty, subacromial scarring of bursal area and intact rotator cuff. The reports of the imaging studies have not been submitted. The injured worker received intra-articular corticosteroid injections to his shoulder which provided minimal relief. He has been treated with Anaprox, Norco, and Prilosec by a pain management specialist. Other documented complaints pertain to the neck and low back. Examination on June 6, 2014 revealed right paracervical tenderness, diminished range of motion of the cervical spine and decreased grip strength in the right hand and hypoesthesia of the right medial forearm. This request is for revision diagnostic/operative arthroscopic debridement with acromioplasty, resection of coracoacromial ligament and bursa as indicated possible distal clavicle resection with surgical assist. This request was non-certified by UR as the SLAP lesion is unchanged from the previous MRI and there was no SLAP tear found at the time of the prior

arthroscopy indicating that it could be a normal variant. There is evidence of neck pain with radicular symptoms and findings in the right upper extremity indicative of cervical radiculopathy which has not been investigated. Furthermore, there is no documentation of subjective complaints or physical findings of a SLAP lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder revision diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated possible distal clavicle resection with surgical assist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 213.

Decision rationale: The California MTUS guidelines indicate surgical considerations when there is a clear clinical and imaging evidence of a lesion that is known to benefit both in the short term and long term from a surgical repair. The equivocal SLAP lesion on the MRI is similar to the lesion seen on the previous MRI scan before the surgery per available notes and likely represents a meniscoid labrum. There were no intervening injuries since the last arthroscopy, and the imaging does not indicate medical necessity for additional surgery. There is a question of cervical radiculopathy on the right side with reduced grip strength and hypoesthesia in the forearm which has not been investigated. Confirmation of the shoulder being the pain generator with a Neer impingement test using a subacromial injection of lidocaine is not documented. The history and physical findings consistent with a SLAP tear are not documented. Based upon the above the request for a revision shoulder arthroscopy with acromioplasty, debridement, and distal clavicle resection is not supported by guidelines and is not medically necessary.