MAXIMUS Federal Services

Case Number:	CM14-0212165		
Date Assigned:	01/02/2015	Date of Injury:	06/03/2009
Decision Date:	02/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

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 a 6/3/09 injury date. The mechanism of injury was described as a fall from a ladder. In an 8/12/14 note, the patient complains of right shoulder instability and pain. Objective findings included forward flexion to 150 degrees, external rotation to 50 degrees, crepitus, and 4/5 strength of the cuff. X-ray that day revealed moderate glenohumeral arthritis. In a 10/28/14 note, the patient complained of continued right shoulder pain and instability. Objective findings included mildly restricted range of motion with 4/5 rotator cuff strength. A 10/25/14 right shoulder MRI revealed an intact rotator cuff with atrophy to the supraspinatus muscle, circumferential tearing of the labrum, and glenohumeral osteoarthritis. The provider commented that the patient has failed conservative care and does not feel that the extent of the osteoarthritis warrants arthroplasty. The provider recommended right shoulder arthroscopy with debridement and possible labral repair. Diagnostic impression: right shoulder instability with osteoarthritis.Treatment to date: physical therapy, medications, and immobilization.A UR decision on 12/12/14 denied the request for right shoulder arthroscopy with debridement and possible labral repair because previous injections were not documented. The request for post-op physical therapy was denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-Op Physical Therapy X 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter--Physical therapy.

Decision rationale: CA MTUS does not address this issue. ODG supports a maximum of 24 physical therapy sessions over 14 weeks after most types of arthroscopic shoulder surgery, including the treatment of impingement syndrome. However, the current request does not apply given the non-certification of the associated procedure. Therefore, the request for Post-Op Physical Therapy X 12 sessions is not medically necessary.

Outpatient Right Shoulder Arthroscopy With Debridement, Possible Labral Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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 Chapter--Shoulder dislocation surgery, SLAP lesions. Other Medical Treatment Guideline or Medical Evidence: George, MS. Arthroscopic management of shoulder osteoarthritis. Open Orthop J. 2008; 2: 23-26.

Decision rationale: CA MTUS and ODG state that surgery for SLAP lesions is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved, in addition to a history and physical findings consistent with a SLAP lesion; recent literature suggest poor outcome with a Worker's Compensation patient population and age over 40. ODG criteria for Bankart repair include history of multiple dislocations that inhibit activities of daily living; positive apprehension findings or injury to the humeral head; and conventional x-rays, AP and true lateral or axillary view. In the article by George MS, it was found that arthroscopic treatment of shoulder osteoarthritis that includes debridement and labral repair has good results especially in shoulder with lesser degrees of osteoarthritis. In this case, the patient appears to be a good candidate for the procedure. However, there is no documentation of a previous glenohumeral joint cortisone injection. This type of injection is a mainstay of the conservative treatment of shoulder arthritis, even with associated instability. This patient should not proceed to surgical management until it is clear what the history and result of this type of injection has been. Therefore, the request for Outpatient Right Shoulder Arthroscopy With Debridement, Possible Labral Repair, is not medically necessary.