

Case Number:	CM15-0006457		
Date Assigned:	06/11/2015	Date of Injury:	08/08/2006
Decision Date:	07/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: Illinois, California, Texas
 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:

The injured worker is a 62-year-old female who sustained an industrial injury on 8/08/06, relative to a trip and fall. Past surgical history was positive for right shoulder rotator cuff repair, subacromial decompression, and distal clavicle resection in 1990, right shoulder superior labral repair, subacromial decompression, distal clavicle resection, and chondroplasty on 11/6/07, right shoulder revision rotator cuff repair, revision subacromial decompression, and biceps tenotomy on 4/28/10, and right shoulder arthroscopic labral debridement and subacromial bursectomy on 5/3/13. Records indicated that treatment to the left shoulder had been limited to ice and ibuprofen. The 10/28/14 treating physician report cited long standing right shoulder and wrist pain. She reported a long-history of left shoulder pain and still had pain, aggravated by over-activity. She had an MRI workup in 2009 and was actually authorized for surgery in 2010 but did not pursue it at the time because she was still healing from her right shoulder arthroscopy. She continued to take Duexis as needed. Physical exam documented bilateral shoulder pain with O'Brien's, empty can, and thrower's arm signs. Passive range of motion documented abduction 140 degrees and forward flexion 150 degrees. There was positive scapular dysfunction, left greater than right. Wrist exam documented tenderness to palpation radial side, pain with Finkelstein's sign, pain with thumb extension resistance strength testing, first carpometacarpal joint tenderness and positive radial swelling. The injured worker had a long standing history of right shoulder pain status post multiple scope procedures, left shoulder pain with history of labral tear with on-going shoulder pain, and right wrist pain with clinical presentation of deQuervain's tenosynovitis. The 10/27/14 treating physician letter indicated that the injured worker had been

noticing increasing left shoulder pain, with previous MRI evidence of labral tear. If she continues to have symptoms, she is a candidate for left shoulder scope debridement, SLAP repair +/- biceps tenodesis. Authorization was requested for left shoulder arthroscopy, debridement, SLAP repair and biceps tenodesis, Keflex 500mg #28, Phenergan 25mg #30, Ibuprofen 600mg #90, and Percocet 10/325mg #60. The 12/23/14 utilization review non-certified the left shoulder arthroscopy, debridement, SLAP repair, and biceps tenodesis and associated surgical requests as there was no recent MRI report, no subjective complaints other than pain, and no clinical exam findings other than symmetrically reduced range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Scope Debridement Slap Repair +/- Biceps Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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 SLAP lesion.

Decision rationale: The California MTUS ACOEM 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, and when history, physical exam, and imaging indicate pathology. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have not been met. This injured worker presents with a long history of left shoulder pain, aggravated with overuse. Clinical exam findings documented loss of passive range of motion, positive scapular dysfunction, and positive labral testing. There were no left shoulder imaging reports documented in the available records. The most recent left shoulder imaging was reported in 2009. Evidence of 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request for Left Shoulder Scope Debridement Slap Repair +/- Biceps Tenodesis is not medically necessary.

Post-Operative Keflex 500mg #28: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery. Am J Health Syst Pharm. 2013 Feb 1; 70(3):195-283.

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

Post-Operative Phenergan 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice guidelines for post-anesthetic care: an updated report by the American Society of Anesthesiologists Task Force on Post-anesthetic Care. *Anesthesiology*. 2013 Feb; 118(2):291-307.

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

Post Operative Ibuprofen 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

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

Post Operative Percocet 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

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