

Case Number:	CM15-0010062		
Date Assigned:	01/27/2015	Date of Injury:	09/16/2014
Decision Date:	03/17/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/17/2015

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:

This 32 year old male sustained a work related injury on 09/16/2014 relative to repetitive heavy lifting. According to an initial orthopedic evaluation dated 12/24/2014, the injured worker was referred for evaluation following the findings of a large supraglenoid cyst with a probable superior labrum anterior to posterior (SLAP) tear. Major complaints included burning sensation in the superior aspect of his right shoulder with weakness. He had increased pain and difficulty with arm movement with any type of heavy lifting. He had initial benefit with physical therapy and activity modification, but had plateaued in his recovery and was unable to perform full duty work. Examination of the right shoulder revealed full range of motion of the right shoulder compared to the contralateral normal left side. He had 160 degrees of elevation, 90 degrees of external rotation, and 80 degrees of internal rotation. Strength testing was slightly less from the contralateral left side secondary to mild pain. The internal and external rotation was slightly less secondary to mild pain. He had excellent scapulothoracic movement and no real evidence of atrophy of either the supraspinatus or infraspinatus muscle group. Neurologically he was intact otherwise. Diagnoses included supraglenoid cyst, probably originating from SLAP tear, with potential for supraspinatus nerve impingement. On 01/07/2015, Utilization Review non-certified right shoulder arthroscopy and SLAP repair. According to the Utilization Review physician the injured worker did not have any significant exam findings. Guidelines cited for this request included the Official Disability Guidelines, Shoulder. The decision was appealed for an Independent Medical Review. On 01/07/2015, Utilization Review non-certified right shoulder arthroscopy and superior labrum anterior to posterior repair. According to the Utilization

Review physician the injured worker did not have any significant exam findings. Guidelines cited for this request included the Official Disability Guidelines, Shoulder. The decision was appealed for an 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 and SLAP repair: Overturned

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Shoulder: Surgery for SLAP lesions

Decision rationale: The California MTUS guidelines do not provide specific criteria for SLAP repair. In general, guidelines state 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 surgical lesion. 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. Guideline criteria have been met. This patient presents with history, physical exam and imaging findings consistent with labral pathology with potential for supraspinatus nerve impingement. He has failed to progress to full duty work despite reasonable and comprehensive conservative management for more than 3 months. Guidelines indicate that definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Therefore, this request for right shoulder arthroscopy and SLAP repair is medically necessary.