

Case Number:	CM15-0013366		
Date Assigned:	02/02/2015	Date of Injury:	07/01/2010
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 07/01/2010. He has reported subsequent left shoulder pain and was diagnosed with labral tear of the left shoulder and adhesive capsulitis. Treatment to date has included oral medication, physical therapy, and surgery. In a progress note dated 12/15/2014, the injured worker reported continued pain in the shoulder as well as clicking, catching and popping. Objective physical examination findings were notable for guarding at the site of external rotation of the left shoulder and biceps mediated pain produced with Yergason's and Speed's tests. MR arthrogram of the left shoulder 12/30/14 was ordered and showed mild supraspinatus tendinopathy without tear, surgical changes associated with prior labral tear, mild irregularity about the superior and anterior aspect of the labrum, likely postsurgical and variant anatomy and mild acromioclavicular joint arthrosis. In a PR2 note from 01/05/2015 the physician noted that audible and palpable clunking of the left shoulder was noted with simultaneous pain and that pain was noted through the impingement zone. A positive Hawkin's sign was also found. The physician noted that the injured worker's left shoulder would be scoped to determine the source and cause of mechanical symptoms. A request for authorization of shoulder arthroscopy and pre-op medical clearance was made. On 01/12/2015, Utilization Review non-certified requests for shoulder arthroscopy and pre-op medical clearance, noting that since recent imaging was not indicative of any significant labral pathology, further intervention would not be warranted and that since the surgical request was not recommended, the pre-operative clearance is not necessary. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy at [REDACTED] Hospital: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: CA MTUS/ACOEM Shoulder Chapter, page 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. In this case there is insufficient evidence of a surgical lesion from the MR arthrogram from 1/230/14 to warrant surgical care. Therefore determination is for non-certification.

Follow-up for pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing

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