

Case Number:	CM15-0116000		
Date Assigned:	06/24/2015	Date of Injury:	01/30/2015
Decision Date:	07/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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, Indiana, Oregon
 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 47 year old male who sustained a work related injury January 30, 2015. He caught his foot on rags on the floor, tripped and fell, landing on his right shoulder. Following the injury he had difficulty raising his right arm above shoulder level with loss of strength and crepitus in the right shoulder. Also noted, he was involved in a motor vehicle accident, March 18, 2015, resulting in seven right rib fractures and a fracture of the left hand. Past history included hypertension, asthma, and surgical repair, left hand. An MRI of the right shoulder dated April 18, 2015(report present in the medical record), revealed a tear of the rotator cuff interval with tear of the superior fibers of the subscapularis tendon and the anterior fibers of the supraspinatus tendon. There is encroachment on the subacromial outlet from a down sloping type II acromion, evidence of a SLAP type tear and a labral tear. According to a physician's evaluation, dated May 28, 2015, the injured worker presented for evaluation. Physical examination of the right shoulder revealed the scapula is stable without winging or Sprengel's deformity. There is a positive O'Brien's test, positive Hawkins test, and a positive Speed's test. Crepitus is present in the glenohumeral joint with performance of the O'Brien's and Hawkins test. Motor strength is 4/5 and there is a painful motion from 60-150 degrees. Assessment is documented as rotator cuff tear involving the supraspinatus and subscapularis tendons, and rotator cuff interval, right shoulder; impingement syndrome, right shoulder; SLAP tear of right shoulder. Treatment plan included a request for authorization of pre-operative labs; CBC and basic metabolic, and EKG (electrocardiogram), and right shoulder arthroscopy with rotator cuff

repair, subacromial decompression, which were authorized. At issue, is the request for authorization of an arthroscopic labral resection or repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Rotator Cuff Repair Subacromial Decompression, Labral Resection or Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

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. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. In this case there is insufficient evidence to warrant labral repair secondary to lack of documentation of conservative care or characterization of the type of labral tear. Therefore, determination is not medically necessary.