

Case Number:	CM15-0034273		
Date Assigned:	03/30/2015	Date of Injury:	10/27/2014
Decision Date:	05/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/24/2015

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, Sports Medicine

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 36-year-old male who reported an injury on 10/27/2014. The mechanism of injury was not specifically stated. The current diagnosis labral tear with instability of the shoulder. The injured worker presented on 03/02/2015 for a follow-up orthopedic evaluation regarding the left shoulder. The injured worker had been diagnosed with a left shoulder SLAP tear, seen on MRI. The injured worker reported worsening symptoms including instability, excruciating pain, and insomnia. The injured worker had completed approximately 6 sessions of physical therapy without improvement. In addition, the injured worker had been treated with a subacromial Kenalog injection. Upon examination, there was 0 to 160 degrees range of motion, pain and stiffness and end range of motion, positive Neer's and Hawkins signs, a positive provocative impingement test, and a positive O'Brien's test. Recommendations at that time included a left shoulder diagnostic and operative arthroscopy. A Request for Authorization form was then submitted on 12/18/2014. The official MRI of the left shoulder, dated 10/28/2014, was submitted for review, and confirmed a reverse Bankart lesion, possible extension of a SLAP lesion, and associated multiloculated paralabral cysts extending into the spinal glenoid notch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Operative Arthroscopy Debridement with Acromioplasty, Resection of Coracoacromial Ligament and Bursa as indicated, Possible Distal Resection and Arthroscopic Labral Repair and SLAP Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for Surgery - Acromioplasty, Shoulder (Acute & Chronic).

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for a surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, the provider noted a failure of conservative treatment. However, the injured worker has only completed approximately 6 sessions of physical therapy. The medical rationale for a resection of the coracoacromial ligament and bursa was not provided. Given the above, the request is not medically appropriate at this time.

Post-Operative Physical Therapy (12-sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-Operative 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 cite any medical evidence for its decision.

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

Pre-Operative Labs: CBC, CMP, PT/PTT, Hep Panel, HIV Panel, UA, EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-Operative Chest X-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-Operative Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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