

Case Number:	CM15-0091015		
Date Assigned:	05/15/2015	Date of Injury:	08/01/2014
Decision Date:	07/15/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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: Arizona

Certification(s)/Specialty: 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 29 year old male who reported an industrial injury on 8/1/2014. His diagnoses, and/or impressions, are noted to include: left shoulder pain with multi-directional instability; and status-post arthroscopic stabilizations x 2 (1 of them on 7/13/12). Recent magnetic imaging studies of the left upper extremity are noted on 2/17/2015. His treatments have included 2 arthroscopic stabilization surgeries, and physical therapy. The progress notes of 4/7/2015 reported a re-evaluation of the left shoulder, for complaints of recurrent instability, a sense of fullness in his axilla, and increased episodic numbness/tingling in his hands/fingers. The objective findings were noted to include left shoulder anterior-inferior laxity with questionable apprehension, and possibly some element of multi-directional instability with transient brachial plexus palsy, secondary to instability; full rotator cuff strength testing and range-of-motion; and subsequent stretching out, over time, status-post arthroscopic stabilization surgeries. The physician's requests for treatments were noted to include left shoulder arthroscopy open stabilization surgery, due to the already 2 attempts at arthroscopic stabilization surgeries, and for the purpose of evaluating the instability pattern while looking for possible other evidence of problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy open stabilization: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Shoulder Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Open Operative Treatment for Anterior Shoulder Instability: When and Why J. Bone Joint Surg Am, 2005 Feb; 87(2) 419-432. Open operative treatment is the preferred approach in many instances of recurrent anterior instability, particularly when there is bone and soft-tissue loss and in revision settings.

Decision rationale: In this 29 year old male with 2 prior arthroscopic stabilizations and no significant degree of bone or soft tissue loss on MRI, with anterior-inferior laxity and multi-directional instability as well as transient brachial plexus palsy from the instability, it is reasonable to consider an open approach to shoulder stabilization. "Recurrence is the most frequently reported complication after open and arthroscopic surgery for the treatment of anterior instability. This may be secondary to a new traumatic event or to a traumatic events. The recurrence rate is related to the number of prior operations." Therefore, the request for Left Shoulder Arthroscopy open stabilization is medically necessary.