

Case Number:	CM13-0043839		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2013
Decision Date:	01/02/2015	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 39 year old male with a work related injury to his left shoulder and back on 2/15/2013 when he fell from a ladder, injuring his back and left shoulder. The injured worker has diagnoses of left shoulder acromioclavicular osteoarthropathy with partial thickness rotator cuff tear and superior labrum anterior-posterior lesion, ruling out lumbar radiculopathy and lumbar intradiscal component. A report dated 7/31/2013 by the orthopedic surgeon documents tenderness in the left shoulder anterior aspect at acromioclavicular. Abduction 35 degrees, impingement signs were moderately positive, and there is atrophy of the left deltoid. Pain in the left shoulder is 8/10, and low back pain with lower extremity symptoms is 6/10. Treatment has consisted of medications, physical therapy, home exercises, activity modification, hot, cold, shoulder injections, and Transcutaneous Electrical Nerve Stimulation (TENS unit). Medication does help with the pain. The request for authorization and treatment dated 10/25/2013 is for a left shoulder scope subacromial decompression and superior labrum anterior-posterior lesion repair. The Utilization Review of 10/24/2013 non-certified the request for a left shoulder scope subacromial decompression and superior labrum anterior-posterior lesion repair. Guidelines cited for non-certification included ACOEM Guidelines-Shoulder Complaints Chapter 9, based on the absence of a formal imaging report corroborating the reported pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left shoulder arthroscopic subacromial decompression and superior labrum anterior-posterior lesion repair: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Labral tear surgery

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 physical examination findings, lack of documentation of conservative care or characterization of the type of labral tear from the exam note of 7/31/13. Therefore determination is for non-certification.