

Case Number:	CM17-0014449		
Date Assigned:	01/27/2017	Date of Injury:	10/15/2016
Decision Date:	02/27/2017	UR Denial Date:	01/06/2017
Priority:	Standard	Application Received:	01/23/2017

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: Texas

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:

This case involves a now 26-year-old female with a history of an occupational claim from 10/15/2016. The mechanism of injury is detailed as working out at the gym. The current diagnosis is documented as symptomatic SLAP lesion, right shoulder. Prior treatments include 1 session of physical therapy, anti-inflammatories, and pain medications. The diagnostic studies included an MRI of the right shoulder with contrast on 12/02/2016 which revealed no evidence for a Bankart lesion or posterior labral tear. There was no evidence of capsulitis. The biceps tendon and anchor revealed no evidence of a SLAP lesion. There was no evidence for a biceps dislocation or subluxation. There was a focal strain of the posterior aspect of the supraspinatus tendon insertion. The acromion was shallow type 2. The surgical history was stated to be none. The documentation of 12/20/2016 indicated the patient had right shoulder pain that was dull and sharp. The pain was rated 5/10. The pain radiated to the biceps. Current medications were stated to be none. The physical examination revealed active forward flexion of 150 degrees, abduction of 140 degrees, 90 degrees of external rotation, and 25 degrees of internal rotation. There was moderate deep crepitus with rotation. Range of motion was moderately painful. There was no pain in the bicipital groove and no biceps deformity. There was mild pain over the acromioclavicular joint. There was moderate anterior pain and mild lateral pain. There was a positive O'Brien sign. Rotator cuff strength was 4/5. There was a positive impingement sign. Radiographs were taken and revealed a type 2B acromion. The physician indicated his interpretation of the MRI revealed a SLAP lesion with some mild biceps subluxation. The treatment plan included a right shoulder arthroscopy with SLAP repair. The Request for

Authorization form was dated 01/03/2017. There requested treatment was denied on 01/06/2017. The rationale for denial indicated the patient was approximately 2 months after symptoms and had only been treated with anti-inflammatory medications, pain medications, and 1 session of therapy. There was inconclusive evidence of a lesion per the MRI. Therefore, the requested surgery was not medically necessary. The associated treatments were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Operative arthroscopy, superior labral anterior posterior repair, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for SLAP lesions.

Decision rationale: The ACOEM Guidelines indicate that surgical considerations are appropriate for patients who had activity limitations for more than four months and for a patient who has had a failure to increase range of motion and strength of musculature around the shoulder even after exercise programs and when there is clear clinical and imaging evidence of a lesion that has been shown to benefit in the long and short term from surgical repair. Furthermore, the Official Disability Guidelines indicate that surgery for SLAP lesions are appropriate for type 2 and type 4 lesions involving more than 50% of the biceps tendon. The patient had a positive O'Brien test. There was no indication the patient had failed conservative care as she had undergone 1 session of physical therapy, and had utilized anti-inflammatory medications and pain medications. While the physician indicated the patient had findings of a SLAP lesion on MRI, the official reading failed to support this statement. As such, the requested surgical intervention is not medically necessary.

Associated surgical service: Ultrasling: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: Vascutherm unit, 14 days rental: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: Hip pad: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: 2 leg wraps: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: EMS/TENS unit: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: Labs - CBC: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: Labs - PT/PTT: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: UA: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: Labs - Chem panel: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Post-op physical therapy 12-18 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Assistant surgeon: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.