

<b>Case Number:</b>	CM14-0140804		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/16/2000
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2014

### 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:

The claimant is a 59-year-old female who injured her right shoulder in a work related accident on August 16, 2000. The clinical records provided for review included the July 30, 2014 progress report documenting that the claimant had previously been scheduled for surgery for repair of a SLAP lesion but had "put it off". It states the claimant now has time to proceed with surgery and rehabilitation. Reviewed was a 2009 MRI report that showed tendinopathy of the supraspinatus with blunting irregularity to the labrum suggestive of degenerative fraying with no tearing. There was no documentation of recent conservative care. Physical examination findings showed 4/5 strength with full range of motion, positive Speed's, Hawkin's, and O'Brien's tests. The claimant did not have tenderness over the acromioclavicular joint, but x-rays were documented to show acromioclavicular joint degenerative change. The recommendation for arthroscopy, biceps tenotomy and SLAP repair was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopic Slap Repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, SLAP lesion diagnosis

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Surgery for SLAP lesions

**Decision rationale:** ACOEM Guidelines recommend prior to consideration of surgery, there is failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus the existence of a surgical lesion. The clinical request in this case is made based on imaging from 2009 that did not demonstrate definitive labral tearing, but only degenerative fraying. There is no documentation of treatment over the course of the past year. There is no indication of acute symptomatic findings. The acute role of surgical process based on imaging from 2009 that did not demonstrate specific labral tearing would not necessitate the role of arthroscopic SLAP repair at present. Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for SLAP repair arthroscopically to the claimant's right shoulder is not medically necessary.

**Post Surgical Physical Therapy #1 Rt Shoulder X 12 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The proposed surgery is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary

**Post surgical, Airplane Sling O Abduction Sling - Airplane Design:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling

**Decision rationale:** The proposed surgery is not recommended as medically necessary. Therefore, the request for postoperative use of an abductor sling is also not medically necessary.