

Case Number:	CM13-0014744		
Date Assigned:	12/18/2013	Date of Injury:	07/16/2012
Decision Date:	05/14/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/22/2013

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 Georgia and Texas. 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 injured worker is a 47-year-old male who reported an injury on 07/16/2012. The injured worker was reportedly grabbing onto a piece of equipment when his right upper extremity began slipping off. Current diagnosis is adhesive capsulitis of the shoulder with partial rotator cuff tear. The injured worker was evaluated on 07/19/2013. The injured worker has been previously treated with a glenohumeral injection, physical therapy, and activity modification. Physical examination revealed guarded motion with scapulothoracic compensation, 140 degree forward elevation, limited internal rotation, painful overhead circumduction, and normal pulses. Treatment recommendations included arthroscopic capsular release.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPIC CAPSULAR RELEASE AND ROTATOR CUFF REPAIR, RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation 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. There was no imaging studies provided for this review. Therefore, there is no documentation of a significant abnormality with regard to the rotator cuff. There is also no documentation of a failure to respond to conservative treatment. As per the documentation, the injured worker has demonstrated improvement in range of motion from 80 degrees to 140 degrees following a course of physical therapy. The injured worker is currently working. Based on the aforementioned points, the injured worker does not appear to meet criteria for the requested surgical procedure. As such, the request is non-certified.