

<b>Case Number:</b>	CM13-0021503		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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.

### 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 patient is a 62 year old female who reported injury on 03/08/2010. The mechanism of injury was not provided. The patient was noted to have impingement syndrome, and surgical intervention including rotator cuff repair and SLAP (superior labral tear from anterior to posterior) lesion repair and Mumford procedure on 04/04/2013. The patient was noted to have abduction of no more than 80 degrees with a bit of shrugging and limitation of motion in external rotation and internal rotation. The diagnosis was noted to include impingement syndrome, status post rotator cuff repair and SLAP lesion repair, modified Mumford procedure and presently 4 months later found to have a stiff shoulder. The request was made for right shoulder arthroscopic evaluation and lysis of adhesions, CPT code 29825.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopic evaluation and lysis of adhesions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatments in Worker's Comp., 18th Edition, 2013 Updates: Shoulder procedures - Surgery for adhesive capsulitis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for Adhesive Capsulitis, Online Version

**Decision rationale:** Official Disability Guidelines indicate that surgery for adhesive capsulitis is understudy. It further indicates the clinical course of this condition is considered self limiting and conservative treatment including physical therapy and non-steroidal anti-inflammatory drugs (NSAIDs) is a good long term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. Additionally, study results support the use of physical therapy and injections for patients with adhesive capsulitis. The clinical documentation submitted for review indicated the patient had physical therapy, a TENS unit, and hot and cold wrap for the shoulder. It indicated that the patient had undergone 24 therapy sessions and the shoulder remained stiff despite the surgical intervention provided in April. Objectively, the patient was noted to have abduction of no more than 80 degrees with quite of bit of shrugging and limitation of motion in external rotation and internal rotation. The patient was noted to have tenderness along the shoulder that was exquisite. The Tinel's at the wrist was noted to be with positive tenderness at the carpal tunnel area. The treatment plan indicated the physician had an x-ray of the shoulder that did not show calcific lesions or abnormalities along the shoulder on the right side. The clinical documentation submitted for review indicated the patient had trialed and failed physical therapy. There was a lack of documentation as to whether the patient had trialed injections or had MRI imaging post-operatively to support the surgical request. Given the above, the request for right shoulder arthroscopic evaluation and lysis of adhesions, CPT code 29825 is not medically necessary