

<b>Case Number:</b>	CM13-0024115		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 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 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 claimant is a 59 year old female injured in a work related accident on October 22, 2011. The claimant sustained multiple injuries including a right knee injury for which she underwent a right knee arthroscopy, lateral meniscectomy in July 2013. More specifically the claimant is with continued complaints of right wrist pain, continued right knee pain and right shoulder pain. The most recent record for review is a September 18, 2013 progress report by [REDACTED] where the claimant was noted to be with continued complaints of right knee pain following knee arthroscopy stating she has recently undergone twelve sessions of postoperative physical therapy. She also continues to be with right shoulder complaints with a diagnosis of adhesive capsulitis for "two years" having failed conservative care including therapy, antiinflammatory agents and a home exercise program. It states the claimant is allergic to steroid injection which was not performed to her shoulder. Specific to the claimant's wrist there were no subjective complaints. Objectively there was noted to be a right wrist examination with tenderness diffusely, 50 degrees of flexion and extension and no other findings. The shoulder showed 4/5 strength with forward flexion and external rotation with 90 degrees of abduction and forward flexion on assessment and diffuse tenderness. The knee examination showed 10 to 100 degrees motion with quadriceps weakness. The working assessment was right shoulder adhesive capsulitis, status post right knee arthroscopy with residual stiffness and right wrist pain. Prior imaging of the shoulder or wrist is not documented. It is noted that a previous right wrist MRI was performed in February 2012 that was negative and a prior MRI of the shoulder from February 2012 showed tendinosis and acromioclavicular arthrosis. At the present there is a request for a shoulder arthroscopy with a capsular release procedure, a right wrist MRI and 12 sessions of physical therap

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with subacromial and capsular release:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for Adhesive Capsulitis..

**Decision rationale:** Based on the CA ACOEM Guidelines which require "Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair" and supported by the Official Disability Guidelines shoulder procedure to include capsular release is not indicated. The imaging in this case is unavailable for review to support or refute the claimant's diagnoses. In regards to surgery for adhesive capsulitis the Official Disability Guidelines do not support its efficacy or indicated use. The absence of clinical imaging coupled with the claimant's current physical examination findings fails to necessitate the requested shoulder surgery.

**MRI right wrist:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, MRI section..

**Decision rationale:** CA MTUS states that "Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders". Prior clinical assessment indicates that a previous MRI of the wrist was performed in February 2012 and was negative for abnormal findings. In the absence of acute injury or trauma or physical examination findings suggesting a specific disorder, a repeat MRI of the wrist is not supported.

**Additional physical therapy x12 sessions to right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** Based on the CA MTUS Post Operative Rehabilitative Guidelines continued physical therapy for the claimant's knee would not be indicated. The guidelines indicate the need for 12 sessions of therapy over a 12 week period of time following meniscectomy. The documentation of a feeling of stiffness and weakness which was not quantified, would not be

sufficient to warrant additional formal physical therapy beyond the postoperative care that was provided; a home exercise program alone would achieve the same benefits.