

Case Number:	CM13-0028002		
Date Assigned:	11/22/2013	Date of Injury:	01/29/2013
Decision Date:	01/30/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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 request is for a left shoulder arthroscopic capsular release and manipulation. This is a 55-year-old right handed male who initially injured his left upper extremity in a MVA. He was driving a truck and was restrained. The injuries included a left clavicle fracture requiring ORIF. Following which, he developed posttraumatic adhesive capsulitis over the left shoulder with limited range of motion. He failed to respond to conservative treatment. He also sustained rib fractures at the time of the MVA. Despite therapy, he has been left with restricted range of motion of his left shoulder. Surgery for his clavicle was performed on 02/01/13. There were reported complications. In light of this his requesting physician, [REDACTED], requested authorization to proceed with left shoulder arthroscopy, debridement, lysis of adhesions, manipulation. The records were reviewed. Clinical note from [REDACTED] dated 08/08/13 was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy debridement lysis adhesion manipulation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 560-561.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for Adhesive Capsulitis

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 209-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation Under Anesthesia

Decision rationale: The patient had ongoing complaints of shoulder stiffness, range of motion revealed active elevation 90 degrees, abduction 70 degrees, external rotation with his arm at the side is 70 degrees, and internal rotation to the sacroiliac joint. The patient has failed to respond to conservative treatment and has posttraumatic adhesive capsulitis. Thus, requirement for left shoulder arthroscopy and manipulation with lysis of adhesions would be appropriate.