

<b>Case Number:</b>	CM13-0028183		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

This is a 49-year-old female who was injured in a work related accident 04/01/13 sustaining an injury to the left shoulder. Records for review indicate a left shoulder MRI report of 07/11/13 showing findings consistent with adhesive capsulitis, bicipital tendinosis, AC joint degenerative changes and no other findings. The most recent assessment by treating orthopedic surgeon [REDACTED] of August 29, 2013 shows continued complaints of stiffness about the left shoulder stating recent course of conservative care has included five sessions of physical therapy as well as a prior steroid injection. Symptoms are continuing to persist with physical examination showing 3/5 supraspinatus strength with 4/5 strength with internal and external rotation, limited by pain, forward flexion was to 80 degrees and abduction was to 70 degrees. There was positive impingement maneuvers. The claimant was diagnosed with left shoulder impingement syndrome and adhesive capsulitis. Surgical intervention in the form of a manipulation under anesthesia with subacromial decompression, arthroscopic capsular release and debridement were recommended. Postsurgical modalities including a cold therapy unit and CPM machine were also recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder manipulation under anesthesia:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines do not specifically address manipulation under anesthesia. When looking at Official Disability Guidelines criteria manipulation under anesthesia would be supported. The claimant has failed three to six months of conservative care and continues to be with abduction less than 90 degrees. The diagnosis of adhesive capsulitis is supported by recent Magnetic Resonance Imaging (MRI) scan of the shoulder as well. The role of this procedure at time of operative intervention would be indicated.

**Subacromial decompression/partial acromioplasty:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines subacromial decompression and acromioplasty would also be warranted. The claimant continues to be with diagnosis of impingement having been refractory to conservative care for six months including a corticosteroid injection. The role of the requested surgical process in this ongoing setting of impingement would appear to be medically necessary.

**Possible arthroscopic capsular release with extensive debridement:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria surgery process in the form of a capsular release with debridement would not be indicated. While Official Disability Guidelines does recommend the role of manipulation under anesthesia for adhesive capsulitis, intervention for the diagnosis remains "under study" deeming the condition as typically self-limited recommending conservative measures with no strong support for arthroscopic intervention for adhesion noted. This form of surgical process would not be indicated.

**Physician assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: Assistant Surgeon.

**Decision rationale:** California Medical Treatment Utilization Schedule(MTUS) Guidelines are silent. When looking at Milliman Care Guidelines an assistant surgeon for arthroscopic procedure for the shoulder is not indicated. Guideline criteria would not indicate the use of an assistant surgeon for any degree of arthroscopic procedure to the shoulder. Given the claimant's specific surgical process documented, the role of an assistant surgeon is not indicated.

**Pre-op labs: complete blood count, SMA 20, vitamin D levels, BHEG quantitative:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Based on Official Disability Guidelines criteria, as California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent, preoperative laboratory testing would not be medically necessary. Guidelines indicate that preoperative testing should be done based on history and examination and only if there is a specific clinical indicator for any ordered testing. In this case there is no mention of a specific indicator that would warrant all of the preoperative testing as ordered and as such it would not be considered as medically necessary.

**Cold unit:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** California Medical Treatment Utilization Schedule ( MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria cryotherapy devices are only recommended for up to seven days including home use following shoulder related procedures. While cryotherapy unit is being recommended in this case, the timeframe of its use is not documented. The lack of this would fail to necessitate the role of this device, which is only recommended for seven days.

**CPM (rental):** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent when looking at Official Disability Guidelines criteria. The role of continuous passive motion to the shoulder is not supported. Guidelines do not recommend the role of continuous passive motion for any degree of postoperative treatment of the shoulder. There is nothing indicating this claimant to be an exception to the rule. The use of this form of modality would not be indicated.

**Ultra-sling:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent when looking at Official Disability Guidelines criteria. Postoperative abduction pillow sling is not indicated. Guidelines only recommend the role of abduction pillow slings in the setting of an open, large or massive rotator cuff repair. This claimant is to undergo a manipulation under anesthesia with a subacromial decompression. That diagnosis alone would not support the role of an ultra sling at this stage in clinical course of care.

**Post-Op OT times six:** Overturned

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) postsurgical rehabilitative guidelines would support the role of six sessions of physical therapy. The request in this case would meet clinical guidelines for which initial one half of therapy would support up to twelve sessions. Given the specific request in the immediate postoperative stage of care, need for six sessions of therapy appear medically necessary.