

Case Number:	CM13-0050074		
Date Assigned:	12/27/2013	Date of Injury:	05/01/2010
Decision Date:	04/22/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 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 41-year-old female employed at a health center as a phlebotomist. In 2010, due to repetitive use, the patient developed right forearm pain and tingling and was diagnosed with radial tunnel syndrome. On March 4, 2011, the patient underwent right radial tunnel decompression. Subsequent to surgery, the patient reported complaints of right shoulder and upper arm pain. An Agreed Medical Exam was performed by an orthopedic surgeon on January 3, 2013. There is documentation of multidirectional decreased range of motion and tenderness of the shoulder. A diagnosis of right shoulder adhesive capsulitis with underlying rotator cuff tendonitis was accepted as a flow through injury. Treatment for a right rotator cuff strain and adhesive capsulitis has included a subdeltoid corticosteroid injection, 12 sessions of physical therapy, work modification, ibuprofen and Vicodin. Another Agreed Medical Exam performed on April 3, 2014 again documented decreased range of motion of the right shoulder and a diagnosis of right shoulder impingement and adhesive capsulitis. The patient was seen for an orthopedic consultation on August 13, 2013. The findings of the exam were a positive impingement sign, O'Brien's test, apprehension and relocation test. The patient was documented as having full range of motion. A diagnosis of "unstable shoulder" was made and an MRI of the right shoulder was requested. A right shoulder MRI performed on August 30, 2013 identified moderate rotator cuff tendinosis with resorptive changes of the greater tuberosity, no evidence of labral tear, and a narrowed supraspinatus outlet. On October 8, 2013, the injured worker was re-evaluated by the orthopedic surgeon and again a diagnosis of right shoulder instability was made. The requested service is for a right shoulder capsulorrhaphy or subacromial decompression and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR A RIGHT SHOULDER ARTHROSCOPIC CAPSULLORHAPHY OR DEBRIDEMENT AND SUBACROMIAL DECOMPRESSION: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204-206.

Decision rationale: The injured worker has had work modifications, physical therapy and a corticosteroid injection for the diagnosis of adhesive capsulitis, impingement syndrome and rotator cuff strain. Progress notes from her primary treating physician, physical therapist and agreed medical exams have documented decreased range of motion to the shoulder without mention of instability. A diagnosis of instability of the right shoulder and full range of motion on exam were noted in more recent orthopedic surgeon visits. The request for right shoulder arthroscopic capsulorrhaphy or debridement and subacromial decompression for the diagnosis of shoulder instability is not certified based on the MTUS/ACOEM guidelines. The guidelines recommend global shoulder girdle strengthening. The submitted records document treatment for adhesive capsulitis, impingement syndrome and rotator cuff strain.