

Case Number:	CM13-0053247		
Date Assigned:	12/30/2013	Date of Injury:	04/09/2009
Decision Date:	05/15/2014	UR Denial Date:	10/18/2013
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 Texas. 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 55-year-old female who reported an injury on 04/09/2009 due to a trip and fall that reportedly caused injury to the left side of her head, left shoulder, right shoulder, left knee, and right knee. The injured worker has a history of left shoulder rotator cuff repair in 2007 followed by a diagnosis of osteoarthritis of the left shoulder. The injured worker underwent right shoulder arthroscopic repair of a full-thickness, full-width supraspinatus tendon tear involving the subscapularis and infrascapularis in 10/2012. This was followed by postsurgical physical therapy. The injured worker was evaluated on 09/04/2014. It was documented that the injured worker had ongoing pain and discomfort of the right shoulder. Physical findings included restricted forward elevation at 125 degrees, external rotation at 30 degrees, and internal rotation to the L5 with 5/5 rotator cuff strength. The injured worker's diagnoses at that time included status post right shoulder arthroscopic rotator cuff repair, status post right shoulder arthroscopic acromioplasty, and status post right shoulder post shoulder adhesive capsulitis. The treatment recommendation was made for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC CAPSULAR RELEASE WITH GENTLE MANIPULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic).

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: The Official Disability Guidelines do not recommend arthroscopic repair of adhesive capsulitis, as it is considered under study. The clinical documentation submitted for review does indicate that the injured worker has limited range of motion. However, there is no documentation that the injured worker has previously participated in physical therapy to address the injured worker's symptoms. There is no documentation of steroid injections to assist with symptom resolution. Additionally, although manipulation under anesthesia is appropriate for patients with severely limited range of motion that have failed to respond to conservative treatments, the request, as it is submitted, does not specifically identify this as the requested procedure. As such, the requested right shoulder arthroscopic capsular release with gentle manipulation is not medically necessary or appropriate.