

Case Number:	CM13-0057166		
Date Assigned:	12/30/2013	Date of Injury:	04/08/2011
Decision Date:	04/14/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 Pennsylvania. 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 claimant is a 54-year-old male who sustained multiple injuries including the left shoulder on April 8, 2011. The records documented that the claimant underwent a previous rotator cuff repair in October 2011. A postoperative MRI report dated April 17, 2012 showed impingement and acromioclavicular arthritis with mild narrowing of the glenohumeral joint space. The claimant was diagnosed with postoperative adhesive capsulitis, which the treating provider has termed arthrofibrosis. A request has been made for not only lysis of adhesions with capsular release but also for arthroscopic distal clavicle excision and biceps tenotomy or tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PREOPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 211-212.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment in Worker's Comp: 18th Edition; 2-13 Updates: Chapter low back: Preop testing

Decision rationale: The proposed left Shoulder Arthroscopic Distal Clavicle Excision, Biceps Tenotomy or Tenodesis, Capsular Release and Lysis of Adhesions cannot be recommended as

medically necessary based on the documentation provided for review. Therefore, the request for Preop Clearance would also not be medically necessary.

2 DAYS OF INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Online Edition, Surgery for adhesive capsulitis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th Edition: Inpatient and Surgical length of Stay.

Decision rationale: The proposed left Shoulder Arthroscopic Distal Clavicle Excision, Biceps Tenotomy or Tenodesis, Capsular Release and Lysis of Adhesions cannot be recommended as medically necessary based on the documentation provided for review. Therefore, the request for two day inpatient stay would not be indicated.

LEFT SHOULDER ARTHROSCOPIC DISTAL CLAVICLE EXCISION, BICEPS TENOTOMY OR TENODESIS, CAPSULAR RELEASE AND LYSIS OF ADHESIONS:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 211-212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation : Surgical Considerations and Official Disability Guidelines (ODG): Treatment in Worker's Comp: 18th Edition; 2013 Updates: Chapter Shoulder: Diagnostic arthroscopy

Decision rationale: The requested surgery in its entirety cannot be recommended as medically necessary based on the information reviewed and the ACOEM Guidelines and the Official Disability Guidelines. Physical examination findings are relatively limited within the medical records provided. Though records consistently indicate that the claimant has diminished motion and likely has adhesive capsulitis, it is not clear that the claimant truly has symptomatic acromioclavicular arthritis or symptomatic biceps pathology. There is no indication from my review of the records that the claimant has focal tenderness over the acromioclavicular joint or pain at the acromioclavicular joint with cross-chest adduction or active internal rotation. Many patients have asymptomatic acromioclavicular arthritis. There is also no indication that the claimant has focal tenderness over the biceps groove or a positive Speed's test or Yergason's test to indicate symptomatic biceps pathology. The additional morbidity of treating acromioclavicular arthritis and the biceps would not seem justified in the absence of documented clinical symptoms and physical examination findings of pathology. Though the claimant may be an appropriate candidate for an arthroscopic capsular release with lysis of adhesions and manipulation, the concomitantly requested procedures do not seem justified according to the information reviewed.

