

Case Number:	CM13-0059790		
Date Assigned:	12/30/2013	Date of Injury:	10/05/2011
Decision Date:	05/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Georgia. 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 60-year-old who sustained an injury to the bilateral shoulders in a work related accident on October 5, 2011. Specific to the claimant's right shoulder the diagnosis was documented as adhesive capsulitis secondary to a "T5-6 thoracic fusion." In a clinical assessment on October 10, 2013 by [REDACTED] it was documented that the claimant recently completed aggressive physical therapy with continued motion to 90 degrees of abduction with intact motor strength. It was also noted that the claimant continued to complain of pain in the shoulder. A corticosteroid injection was provided to the claimant's left shoulder at that time and a surgical recommendation for manipulation under anesthesia with arthroscopic lysis of adhesions. Clinical imaging pertaining to the shoulder was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL ARTHROSCOPY OF THE SHOULDER, WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, the recommendation surgical intervention for adhesive capsulitis in the form of lysis and resection of adhesions is not indicated. According to ODG, the surgical process for adhesive capsulitis is under study with documentation of long term efficacy unclear. Manipulation under anesthesia would only be indicated in settings where there is failed documentation of conservative care for greater than six months including injection therapy with continued abduction to less than 90 degrees. The records fail to indicate injection therapy or true documentation of conservative treatment that has been rendered over the past six months. the request for arthroscopy of the shoulder, surgical; with lysis and resection of adhesions, with or without manipulation is not medically necessary or appropriate.