MAXIMUS Federal Services

Case Number:	CM13-0063385		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2012
Decision Date:	05/22/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 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:

The claimant, a 54-year-old male, injured his left shoulder on September 27, 2012. On November 26, 2012, the claimant underwent a left shoulder arthroscopy, debridement, Bankart repair, subacromial decompression, rotator cuff repair and an open subpectoral biceps tenodesis. An MRI report dated November 19, 2013, revealed the prior proximal biceps tendon rupture with distal retraction with no visibility of the tendon. There was a prior rotator cuff repair with screw fixation noted to be intact with atrophy and mild tendinosis. There was a longitudinal partial thickness articular surface tear to the subscapularis. Glenohumeral arthritis and labral degeneration with acromioclavicular joint arthrosis were also noted. A December 5, 2013, follow-up report documented continued complaints of pain. Examination demonstrated 150 degrees of forward flexion with 80 degrees of external rotation, 40 degrees of internal rotation, and 5/5 rotator cuff strength. Due to ongoing stiffness, an arthroscopic capsular release was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY LEFT SHOULDER WITH CAPSULAR RELEASE: 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), SHOULDER (ACUTE & CHRONIC), PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)--TREATMENT IN WORKERS COMP, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - SURGERY FOR ADHESIVE CAPSULITIS.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines, the request for left shoulder arthroscopy and capsular release cannot be recommended as medically necessary. The California ACOEM Guidelines only recommend surgical intervention to the shoulder if clear clinical and imaging evidence of a lesion has been shown to be beneficial both short- and long-term from the surgical processes noted. Recent imaging demonstrates degenerative changes of the glenohumeral joint and acromioclavicular joint that are inconsistent with the employee's physical examination findings. Imaging also demonstrates evidence of prior bicipital tenolysis and prior rotator cuff repair with tissue intact. At present, there is no current indication for surgical processes for adhesive capsulitis. The employee's physical examination also fails to demonstrate specific range of motion deficit to support the need for surgery based on "stiffness" alone. The request in this case would not be supported as medically indicated.