

Case Number:	CM13-0066786		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2011
Decision Date:	04/29/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 claimant is a 71 year old injured in a work related accident on April 4, 2011. The records provided for review specific to the claimant's left shoulder included an October 21, 2013 assessment noting that the claimant is status post a prior rotator cuff repair performed on January 22, 2013 with continued anterolateral pain. The assessment noted that the claimant was performing home exercises and physical examination showed motion was limited to 100 degrees of forward flexion, 90 degrees of abduction, and 20 degrees of external and internal rotation of the SI joint. It was documented that the claimant did not tolerate movement beyond this range. Diagnosis was documented as status post arthroscopic subacromial decompression and rotator cuff repair with continued stiffness. A lysis of adhesion, manipulation under anesthesia, postoperative physical therapy and use of a cryotherapy device and continuous passive motion (CPM) machine were recommended. The clinical records did not contain any postoperative imaging for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY DEBRIDEMENT: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, Left shoulder arthroscopy debridement to include lysis of adhesion and manipulation under anesthesia is not indicated. The Official Disability Guidelines do not recommend surgical intervention for lysis of adhesions for the diagnosis of adhesive capsulitis. The recommendation for manipulation is also not indicated due to lack of documentation of conservative measures utilized since the surgical process to include injections. There is also no postoperative imaging for review. The specific surgical request in total is not supported.

LEFT SHOULDER LYSIS: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, Left shoulder arthroscopy debridement to include lysis of adhesion and manipulation under anesthesia is not indicated. The Official Disability Guidelines do not recommend surgical intervention for lysis of adhesions for the diagnosis of adhesive capsulitis. The recommendation for manipulation is also not indicated due to lack of documentation of conservative measures utilized since the surgical process to include injections. There is also no postoperative imaging for review. The specific surgical request in total is not supported.

LEFT SHOULDER MANIPULATION UNDER ANESTHESIA: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, Left shoulder arthroscopy debridement to include lysis of adhesion and manipulation under anesthesia is not indicated. The Official Disability Guidelines do not recommend surgical intervention for lysis of adhesions for the diagnosis of adhesive

capsulitis. The recommendation for manipulation is also not indicated due to lack of documentation of conservative measures utilized since the surgical process to include injections. There is also no postoperative imaging for review. The specific surgical request in total is not supported.

POST OP PT 2X6: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST OP CPM: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST OP COLD THERAPY UNIT: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE OP CARDIAC CLEARANCE: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.