

Case Number:	CM14-0005312		
Date Assigned:	03/03/2014	Date of Injury:	05/28/2009
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/14/2014

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 57-year-old gentleman who sustained injuries on May 28, 2009, attributable to repetitive lifting. An MRI report dated July 16, 2009, showed mild degenerative changes at the acromioclavicular joint and no other findings. The records provided for review document an April 3, 2012, surgery for a SLAP (superior labral tear from anterior to posterior) repair, distal clavicle excision, subacromial decompression and debridement. A November 25, 2013, follow-up report noted subjective complaints of continued right shoulder pain despite recent conservative care that included chiropractic measures. Physical examination showed restricted abduction, forward flexion, and internal and external rotation with positive impingement signs. There was tenderness to palpation over the rotator cuff and bicipital tendon. The reviewed records did not indicate any additional conservative care and do not include post-operative imaging studies. Based on failed conservative care, this request is for right shoulder arthroscopy with manipulation under anesthesia, post-operative physical therapy and the use of a shoulder brace post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY WITH MANIPULATION UNDER ANESTHESIA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Surgery for adhesive capsulitis Under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not provide criteria relevant to this request. Under the Official Disability Guidelines, right shoulder arthroscopy with manipulation under anesthesia would not be indicated. The Official Disability Guidelines do not recommend arthroscopic surgery for a diagnosis of adhesive capsulitis. Furthermore, the reviewed records in this case do not document recent conservative care, including injection therapy, nor do the records note the results of imaging studies conducted in the post-operative period. Based on the Official disability Guidelines and the claimant's clinical presentation, the need for arthroscopic surgery with manipulation under anesthesia would not be supported as medically necessary.

POST-OP PT RIGHT SHOULDER #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for arthroscopic surgery with manipulation under anesthesia is not established as medically necessary in this case. Therefore, the request for post-operative physical therapy is not medically necessary.

SHOULDER BRACE #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Postoperative abduction pillow sling Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for a

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