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| Case Number: | CM14-0007536 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 02/21/2013 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/20/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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, has a subspecialty in Hand 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 46-year-old, gentleman who injured his left shoulder in a work related accident on 02/21/13. The records provided for review include a 02/03/14 progress report noting continued left shoulder complaints of tightness, and stiffness. The 02/03/14 report documents that the claimant is five months out from a 08/13/13 left shoulder arthroscopy, subacromial decompression, distal clavicle resection, rotator cuff repair, and biceps tenodesis. Physical examination showed tenderness anteriorly, positive impingement and Hawkins testing, 4/5 strength with internal and external rotation, and motion to 150 degrees of abduction and forward flexion. Based on failed postoperative care that included physical therapy and work restrictions, the recommendation was made for revision surgery of arthroscopy and adhesiolysis. There is also a request for postoperative physical therapy following the surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH ADHESIOLYSIS: 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 Section.

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 - Surgery For Adhesive Capsulitis.

Decision rationale: California MTUS and ACOEM Guidelines do not address adhesiolysis. When looking at the Official Disability Guidelines, the request for arthroscopy with adhesiolysis cannot be recommended as medically necessary. The Official Disability Guidelines do not recommend adhesiolysis or capsular release in the setting of adhesive capsulitis stating that it remains under study. The records provided for this review do not contain any postoperative imaging reports. The most recent physical examination does not identify a significant motion deficit. This individual has abduction and flexion to over 150 degrees at the recent evaluation. Therefore, the request for shoulder arthroscopy for adhesiolysis cannot be supported as medically necessary.

POST-OP PHYSICAL THERAPY 3 X 4 TO THE LEFT SHOULDER: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, ADHESIVE CAPSULITIS (ICD9 726.0),

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