

Case Number:	CM14-0113957		
Date Assigned:	08/13/2014	Date of Injury:	03/15/2013
Decision Date:	09/22/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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 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:

This is a 49-year-old female who was injured on 03/15/13. Records indicate an injury to the right shoulder. The records state that in August 2013 following a course of conservative care, right shoulder arthroscopy and subacromial decompression took place. A postoperative report of 01/16/14 describes continued postoperative discomfort and states she has been attending physical therapy and using medications. A recent corticosteroid injection provided only a couple of weeks of relief. Physical examination showed her to be lacking 30 degrees of elevation. There was no documentation of abduction or strength. Based on continued postsurgical discomfort, a shoulder arthroscopy with bicep tenotomy capsular release and a manipulation under anesthesia was recommended for further intervention. There is no documentation of further treatment. A recent postoperative MRI scan of 04/07/14 showed an intact rotator cuff with supraspinatus tendinosis and evidence of prior decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder scope, multiple releases including biceps tenotomy and capsulotomies followed by manipulation under anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure -Surgery for adhesive capsulitis.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, shoulder surgery to include surgical "release" as well as manipulation under anesthesia would not be indicated. The claimant's current clinical imaging and physical examination do not demonstrate evidence of bicipital findings that would support the role of tenotomy. Guidelines also currently do not support the use of capsular release or procedures to be performed surgically for diagnosis of adhesive capsulitis.

Assistant, PAC: 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 Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition: assistant surgeonAssistant Surgeon Guidelines (Codes 29355 to 29901) CPT® Y/N Description 29827 N Arthroscopy, shoulder, surgical; with rotator cuff repair.

Decision rationale: California MTUS Guidelines were silent. Milliman Care Guidelines would not support the use of an assistant surgeon for any shoulder arthroscopic procedure.

Ultra sling: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Official Disability Guidelines Treatment in Worker's Comp), 18th Edition, 2013 Updates: shoulder procedure -Postoperative abduction pillow sling.

Decision rationale: The California MTUS Guidelines were silent. Official Disability Guidelines would not support the use of an UltraSling as the need of operative intervention has not been established.

CPM machine twenty day rental: 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) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure -.

Decision rationale: The California MTUS Guidelines were silent. Official Disability Guidelines would currently not support the postoperative use of a CPM device as the need for operative intervention has not been established.

Physical therapy times twenty one days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would not support postoperative physical therapy as the need for operative intervention has not been established.