

<b>Case Number:</b>	CM14-0116565		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 61-year-old male injured in work-related accident on January 19, 2012. Specific to the claimant's left shoulder, an April 8, 2014, progress report documents diagnoses of right shoulder pain and bicipital deformity. The records also document a diagnosis of anxiety. Pain with popping and clicking, as well as increased pain with activity, was reported. Physical examination showed positive impingement, supraspinatus testing and O'Brien's testing to the right shoulder. The claimant had mildly restricted range of motion to 140 degrees of active abduction and 150 degrees of forward flexion and global strength at 4/5 to the right upper extremity. An operative reported dated March 20, 2013, documented that the claimant underwent a bicep tenotomy for preoperative diagnosis of bicep tendon rupture. A postoperative MRI report demonstrated partial thickness distal supraspinatus tendon tearing with posterior labral tear, chronic bicep deformity and moderate inflammatory changes to the subscapularis and infraspinatus. The records do not document treatment with conservative care. This request is for repeat shoulder arthroscopy, decompression, lysis of adhesions and manipulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy, Subacromial Decompression, Lysis of Adhesion, and Manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. 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, Shoulder procedure - Manipulation under anesthesia (MUA).

**Decision rationale:** Based on California ACEOM Guidelines, the request for right shoulder arthroscopy, subacromial decompression, lysis of adhesion, and manipulation cannot be recommended as medically necessary. Surgery for impingement syndrome, under ACOEM Guidelines, recommends three to six months of conservative care including injection therapy before proceeding with shoulder arthroscopy and decompression. The reviewed records in this case document no clinical history of recent injection therapy. Therefore, this portion of the requested surgery would not be indicated as medically necessary. Based on Official Disability Guidelines, a lysis of adhesions and manipulation would not be supported. Under those guidelines, manipulation would only be supported following six months of conservative measures and when abduction is limited to less than 90 degrees. The claimant's range of motion is to 140 degrees of active abduction. The request for the lysis of adhesions and manipulation portions of the surgery would also not be indicated. Therefore, this request is not medically necessary.