

Case Number:	CM14-0122042		
Date Assigned:	08/06/2014	Date of Injury:	12/20/2013
Decision Date:	09/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/03/2014

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:

56 year old claimant with industrial injury reported on 12/20/13 including closed fracture of the humerus. Claimant is status post open reduction and internal fixation of the humerus. Exam note from 4/16/14 demonstrates forward flexion of 20 degrees with abduction of 90 degrees and internal rotation of 10 degrees. Exam note 6/4/14 demonstrates report of fall at home with soreness and stiffness. Exam demonstrates range of motion was poor with 5/5 strength. No crepitation and minimal pain with range of motion except at the extremities. Exam note 6/5/14 demonstrates very limited range of motion with limited strength. Range of motion is noted to be 140 degrees of forward flexion, 95 degrees of abduction and external rotation of 75 degrees. Internal rotation is noted to be towards the buttock.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder capsular release MUA possible decompression or bone spur removal Qty: 1:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Surgery for adhesive capsulitis.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the ODG Shoulder section, 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." In this case there is insufficient evidence of failure of conservative management in the notes submitted from 6/4/14. The claimant is clinically improving which supports continued conservative management. Until the claimant has exhausted nonsurgical management and has plateaued the request is not medically necessary.

Left shoulder scope Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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