

<b>Case Number:</b>	CM14-0151625		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Orthopaedic 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 41-year-old male sustained an industrial injury on 3/3/11. Injury occurred while loading a vehicle. Past medical history was positive for a history of gastrointestinal bleeding with ibuprofen. Past surgical history was positive for left shoulder arthroscopic debridement of the superior labrum, anterior labrum, and arthrocentesis on 9/14/11, and left shoulder arthroscopy with rotator cuff repair, labral repair, subacromial decompression and distal clavicle excision on 11/11/13. Records suggested that the patient completed 12 physical therapy visits following surgery. The 5/16/14 left shoulder MRI impression documented status post rotator cuff repair, superior labral repair, and acromioplasty with small post-operative full thickness defects or tears in the supraspinatus tendon and infraspinatus tendinopathy. There was acromioclavicular (AC) joint degenerative joint disease with capsular hypertrophy. The 7/7/14 treating physician report indicated that the patient had undergone surgery without benefit and was left with adhesive capsulitis and supraspinatus weakness. He had tried injections multiple times without benefit. The treatment plan noted medication management and follow-up with the orthopedist for possible surgery. The 8/4/14 orthopedic report cited constant grade 4/10 left shoulder pain with pins and needles, tingling, numbness, and burning sensation. He was taking amitriptyline for sleep, neuropathic pain and headaches, with continued sleep difficulty. He was taking tramadol 3 to 4 per day and using Voltaren gel with benefit. He was performing regular home exercise. Physical exam documented tenderness to palpation over the left AC joint and superolateral aspect of the shoulder. There was muscle tenderness over the supraspinatus, sternocleidomastoid, and left cervical paraspinal muscles. Range of motion was documented as forward flexion 60, extension 50, abduction 70, adduction 50, internal rotation 15, and external rotation 90 degrees with shoulder hiking noted. The patient was diagnosed with left AC joint arthritis, adhesive capsulitis, and cervicogenic headache. Authorization was requested for left shoulder arthroscopic

debridement and manipulation under anesthesia. The 8/28/14 utilization review denied the request for left shoulder surgery as there was no imaging evidence available to support the medical necessity of arthroscopic debridement and no detailed documentation of prior physical therapy and steroid injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Shoulder Scope Debridement Manual Under Anesthesia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Updated 7/29/14) Manipulation Under Anesthesia (MUA)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for adhesive capsulitis, Manipulation under anesthesia (MUA)

**Decision rationale:** The California MTUS guidelines do not provide recommendations for manipulation under anesthesia (MUA) or surgery for adhesive capsulitis. The Official Disability Guidelines state that arthroscopic surgery (lysis of adhesions) and MUA are under study for adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), surgery and/or manipulation under anesthesia may be considered. Guidelines recommend the use of physical therapy and injections for patients with adhesive capsulitis. Guideline criteria have not been met. This patient presents with marked limitation in left shoulder range of motion. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy and injections, and failure has not been submitted. Therefore, this request is not medically necessary.