

Case Number:	CM14-0172258		
Date Assigned:	10/23/2014	Date of Injury:	07/13/2005
Decision Date:	12/03/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 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:

38 year old male claimant with an industrial injury dated 07/13/05. Exam note 09/22/14 states the patient returns with right shoulder pain. The patient explains that the pain is constant and daily. He states that Tylenol does not provide any pain relief, but Norco at night does allow him to sleep. Upon physical exam of the right shoulder, forward elevation was noted at 95', external rotation of 30', and internal rotation to L5. The patient demonstrated 5/5 rotator cuff strength, except for abduction in which was a 4/5. The patient completed a negative belly test, and a positive lift-off. It was noted that there was positive impingement signs at 1, 2, and 3. Diagnosis is noted as right shoulder traumatic arthritis. Treatment includes a right shoulder extensive debridement and capsular release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Extensive Debridement and Capsular Release: 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 (Updated 0/27/2014) Surgery for Adhesive Capsulitis

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

Decision rationale: 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." The guidelines recommend an attempt of 3-6 months of conservative therapy prior to contemplation of manipulation and when range of motion remains restricted (abduction less than 90 degrees). In this case there is insufficient evidence of failure of conservative management in the notes submitted from 9/22/14. Therefore, the request for Right Shoulder Extensive Debridement and Capsular Release is not medically necessary and appropriate.