

Case Number:	CM14-0181378		
Date Assigned:	11/06/2014	Date of Injury:	12/08/2011
Decision Date:	12/30/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/31/2014

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 44 year-old female with a 12/8/11 injury date. In a 9/8/14 note, the patient had persistent left shoulder pain with shooting down the arm, and numbness of digits 2, 3, and 4. Objective findings included active forward flexion of 70 degrees and active abduction of 30 degrees. Passive forward flexion was 80-85 degrees and passive abduction was 30 degrees. In an 11/6/14 note, the provider acknowledged that the requested surgery was denied, and now wished to do a lysis of adhesions because the diagnosis had changed from impingement to frozen shoulder. Diagnostic impression: left frozen shoulder. Treatment to date: left shoulder arthroscopic subacromial decompression (SAD), rotator cuff repair (RCR), and distal clavicle excision (DCE) (2/20/14), physical therapy, medications, hot/cold, TENS unit, cortisone injection. A UR decision on 10/9/14 denied the request for left shoulder arthroscopic decompression, evaluation of biceps tendon and labrum, on the basis that "ACOEM shoulder exam section requires the missing data."

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Decompression, Evaluation Biceps Tenon and Labrum:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-211.

Decision rationale: CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. However, at this time the diagnosis is most consistent with frozen shoulder. The patient has very limited active and passive range of motion. In the setting of significantly reduced passive range of motion, even if there are signs of impingement on exam and tendinosis on MRI, by default the diagnosis is frozen shoulder and should be treated accordingly. A lysis of adhesions would be more appropriate, assuming the patient has had appropriate physical therapy directed towards frozen shoulder and at least one intra-articular cortisone injection. In the latest follow-up note, the provider acknowledges as much. There is no indication on the exam or imaging studies that the patient has biceps tendon or labral disorders, and it is unclear why a request to evaluate those structures was made. Therefore, the request for Left Shoulder Arthroscopic Decompression, Evaluation Biceps Tendon and Labrum is not medically necessary.