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| <b>Case Number:</b>   | CM14-0020523 |                              |            |
| <b>Date Assigned:</b> | 04/30/2014   | <b>Date of Injury:</b>       | 10/19/2012 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 02/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/19/2014 |

### 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, a 31-year-old female, injured her left shoulder in a work-related accident on October 19, 2012. The records provided for review document an April 2013 left shoulder arthroscopy with subacromial decompression. A January 15, 2014, progress report indicates continued complaints of left shoulder pain. Current physical examination findings showed forward flexion to 180 degrees, extension to 50 degrees and abduction to 170 degrees. There was tenderness to palpation over the anterior aspect of the shoulder and weakness with resisted supraspinatus testing. The claimant was diagnosed with left shoulder biceps tenodesis and recurrent impingement syndrome. Formal documentation of post-operative imaging is not available for review; the treating provider referenced an MRI that demonstrated impingement. Since surgery it is documented that the patient has been treated conservatively with medication management, formal physical therapy, activity restriction and work modification. This request is for revision arthroscopy, subacromial decompression, lysis of adhesions and scar excision, as well as 12 sessions of postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SHOULDER REVISION SCOPE SUBACROMIAL DECOMPRESSION WITH LYSIS OF ADHESIONS AND SCAR EXICISION QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgery Section.

**Decision rationale:** Based on California ACOEM Guidelines, the proposed surgery in this case would not be supported. The available records do not document formal imaging studies demonstrating internal pathology consistent with the recommended procedure. There is also no documentation of post-operative conservative treatment with injection therapy over the past three to six months, which would support the ACOEM Guidelines recommendation for decompression. Not addressed by ACOEM Guidelines, the Official Disability Guidelines also do not specifically support operative intervention to achieve lysis of adhesions. Given these factors, this request would not be supported as medically necessary.

**PHYSICAL THERAPY QTY: 12.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 are medically necessary.