

<b>Case Number:</b>	CM14-0020868		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	02/11/2014
<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:

This 60-year-old male sustained an industrial injury on 1/26/11 relative to a rear-end motor vehicle accident, with onset of neck and right upper extremity pain. He is status post C4/5 and C5/6 discectomy and fusion. The 8/29/12 right shoulder MRI revealed moderate supraspinatus tendinosis, with shallow articular and intrasubstance tearing at the greater tuberosity insertion, mild degenerative appearance of the labrum, tendinosis of the long head of the biceps, and moderate to advanced acromioclavicular joint arthrosis. The 1/23/14 treating physician report cited subjective complaints of persistent right shoulder pain, worse with reaching and lifting, and limited range of motion. Physical exam findings noted glenohumeral joint line tenderness, positive impingement sign, positive O'Brien's test, flexion 104 degrees, and abduction 94 degrees. The patient had developed a frozen shoulder, with evidence of biceps tendinosis, tearing of the labrum, and supraspinatus tendinosis and tearing. He had attended 12 visits of physical therapy and declined a cortisone injection. Arthroscopic subacromial decompression with biceps tenotomy and labral debridement was recommended. Continuous passive motion was requested post-operatively to prevent reoccurrence of the frozen shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SHOULDER ARTHROSCOPY (ARTHROSCOPIC SUBACROMIAL DECOMPRESSION WITH BICEPS TENOTOMY AND LABRAL DEBRIDEMENT):**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Official Disability Guidelines, Indications for Surgery.

**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, SURGERY FOR IMPINGEMENT.

**Decision rationale:** Under consideration is a request for right shoulder arthroscopy (arthroscopic subacromial decompression with biceps tenotomy and labral debridement). The California MTUS guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines for subacromial decompression generally require 3 to 6 months of conservative treatment plus painful arc of motion, weak or absent abduction, positive impingement sign with a positive diagnostic injection test, and positive imaging evidence of impingement. Guidelines indicate that surgery for adhesive capsulitis is under study, with some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. Guideline criteria have not been met. There is no current evidence relative to painful arc of motion, strength deficits, or positive diagnostic injection tests for this patient. There is no MRI evidence of any partial tearing of the biceps tendon to require a tenotomy. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried for 3 to 6 months and failed. Therefore, this request for right shoulder arthroscopy (arthroscopic subacromial decompression with biceps tenotomy and labral debridement) is not medically necessary.

**ASSISTANT SURGEON:** 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.

**POST-OP PHYSICAL THERAPY, 3 TIMES A WEEK FOR 4 WEEKS, FOR THE RIGHT SHOULDER:** 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.

**CONTINUOUS PASSIVE MOTION UNIT, RENTAL FOR 4 WEEKS:** 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.

**VASCUTHERM 4, PURCHASE:** 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.