

Case Number:	CM14-0021944		
Date Assigned:	05/09/2014	Date of Injury:	10/02/2012
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 Texas. 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 injured worker is a 53 year old male [REDACTED] driver whose date of injury is 10/02/12 when he was driving his [REDACTED] truck and turning the wheel violently, felt a tearing pain in his right shoulder. He has undergone multiple surgeries to the right shoulder. Orthopedic report dated 01/06/14 noted the injured worker has returned to work at his usual and customary duties and states he is doing well but has some slight soreness. Examination of the right shoulder was unremarkable with no positive findings on orthopedic testing. Range of motion was forward flexion 170; external rotation 90; internal rotation to T6; abduction 175. Neurological examination of the upper extremities was within normal limits. The injured worker was next seen on 01/22/14 and stated his right shoulder pain is increasing since last visit, and also complains of left shoulder pain. examination noted positive O'Brien's test, otherwise unchanged. Range of motion was unchanged. The injured worker was prescribed Flexeril and was to continue on total disability status. A note dated 01/27/14 reported objective findings with decreased range of motion of the right shoulder, positive supraspinatus test, positive Speed test, positive O'Brien test, and positive impingement test. He recommended right shoulder arthroscopy with capsular release, biceps tenodesis and debridement as indicated. Magnetic Resonance Arthrogram (MRA) on 07/22/13 showed postoperative changes with degenerative osteoarthritis of the glenohumeral joint; mild tendinosis of the long head of the biceps tendon with grade one dislocation; findings indicative of adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY, CAPSULAR RELEASE, BICEPS TENODESIS:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

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

Decision rationale: The injured worker has a history of multiple shoulder surgeries. Progress notes from 01/06/14 noted the injured worker has returned to work at his usual and customary duties with unremarkable physical examination. Within three weeks his examination changed drastically with extensive positive orthopedic findings. There is no indication of an intervening event that would explain the significant change in clinical findings. Imaging studies showed postoperative changes with degenerative changes with mild tendinosis of the long head of the biceps tendon and findings consistent with adhesive capsulitis. There is no documentation of recent conservative care for the right shoulder. Based on the clinical information provided, noting the lack of documentation of failure of recent conservative care, and noting there is no objective evidence of a lesion shown to benefit from surgical repair, the request for right shoulder arthroscopy, capsular release, biceps tenodesis is not indicated as medically necessary.