

<b>Case Number:</b>	CM14-0030993		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Occupational Medicine 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 49-year-old male with an 8/9/12 date of injury, when he forcibly grabbed and pulled a stencil to the truck and injured his left shoulder. The patient underwent left shoulder manipulation under anesthesia for the left shoulder adhesive capsulitis on 9/11/2013. The patient was seen on 03/26/14 with complaints of 5/10 left shoulder pain associated with numbness and tingling. The progress note stated that the claim for left shoulder arthroscopy was denied. Exam findings of the left shoulder revealed forward flexion 160 degrees, abduction 90 degrees, external rotation 80 degrees, abduction 70 degrees, internal rotation 40 degrees, extension 50 degrees, adduction 30 degrees and external rotation at the side 20 degrees. The hand grip testing was 50/60/60 pounds on the left and 65/65/70 on the right. The diagnosis is left shoulder recalcitrant adhesive capsulitis. MRI of the left shoulder dated 11/30/12 (the radiology report not available for the review) indicated rotator cuff tendinopathy with degenerative changes, no frank rotator cuff tear and effusion of the shoulder with capsulitis. Treatment to date: work restrictions, physical therapy, medications and manipulation under anesthesia for the left shoulder adhesive capsulitis on 9/11/2013. An adverse determination was received on 3/3/14. The request for pre-op clearance was denied, because the requested for surgical procedure was not medically necessary due to a lack of evidence of potential benefit from capsular release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter shoulder 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) (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing) ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

**Decision rationale:** California MTUS does not address the issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. The progress note dated 3/6/14 stated that the request for left shoulder arthroscopy was denied. There is a lack of additional documentation indicating that the patient's surgery was authorized. Therefore, the request for Pre-Op clearance was not medically necessary.