MAXIMUS Federal Services

Case Number:	CM14-0037202		
Date Assigned:	06/25/2014	Date of Injury:	08/13/2011
Decision Date:	07/23/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/27/2014

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 is a 42-year-old female who sustained an injury to the upper extremities on 08/13/11 when lifting an object at work. Medical records pertaining to the claimant's right shoulder include a report of an MRI dated 02/16/13 identifying a previous acromioplasty, distal clavicle excision, and rotator cuff repair. The report noted increased signal within the supra infraspinatus but no re-tearing. The 02/03/14 follow up report noted ongoing complaints of pain in the shoulder, loss of motion and an inability to perform previous job related functions. Examination showed crepitation, anterior and lateral tenderness, 90 degrees of forward flexion and elevation and no documented weakness. The claimant was diagnosed with post rotator cuff repair adhesive capsulitis. Surgery was recommended as shoulder arthroscopy, debridement and capsular release.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right shoulder arthroscopic debridement and capsular release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment in Worker's Comp, 18th Edition, 2013 Updates, Shoulder Procedure, Surgery for adhesive capsulitis.

Decision rationale: The CA MTUS ACOEM Guidelines and supported by the Official Disability Guidelines do not support the surgery for the adhesive capsulitis in the form of capsular release. The ACOEM Guidelines recommend surgery when there is evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The MRI does not show re-tearing. The Official disability Guidelines do support the role of manipulation under anesthesia, they do not recommend arthroscopy for capsular release for the diagnosis of adhesive capsulitis as it remains under study. Therefore, the request for arthroscopic debridement and capsular release cannot be recommended as medically necessary.

1 Pre-operative laboratory works: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

12 Post-operative physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.