

<b>Case Number:</b>	CM14-0048382		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 patient is a 41 year old female claimant with industrial injury reported as 02/09/12. Claimant is status post right shoulder arthroscopy on 08/16/13 with postoperative adhesive capsulitis. Patient presents to have 4/10 pain and global stiffness. Current exam findings include 130 degrees of abduction, 122 degrees flexion and 50% loss of internal rotation. Patient has no documentation of recent imaging studies since initial surgery dated 08/16/13. There is no documentation that the dynasplit is used or the 12 sessions of work hardening has been completed for shoulder condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder revision diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoamial ligament and bursa as indicated, with possible distal clavicle resection with manipulation and examination under anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery--Acromioplasty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** Based upon the CA MTUS Shoulder Chapter. Pg 209-210, recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion.

**Medical clearance to include CBC, CMP, PT/PTT, HEP Panel, HIV Panel, U/A, EKG, and chest X-ray:** 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:** As the requested surgical procedure is not medically necessary, the determination is for non-certification for medical clearance and associated labs and chest X-ray.

**One (1) Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services (CMS).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, the determination is for non-certification for one assistant surgeon.

**Twelve Postoperative Physical Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, the determination is for non-certification for 12 postoperative physical therapy sessions.