

<b>Case Number:</b>	CM14-0054541		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Orthopaedic Surgeon 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 48-year-old female, who reported a repetitive strain injury on 11/07/2013. The current diagnoses include cumulative trauma, bilateral lateral epicondylitis, tendinopathy and bursitis in the bilateral shoulders, and De Quervain's tenosynovitis in the bilateral wrists. The injured worker was evaluated on 03/25/2014. Previous conservative treatment is noted to include medication management, physical therapy, home exercise, activity modification, and elbow bracing. The injured worker was also noted to have undergone MRI of the right shoulder in March of 2014, MRI of bilateral wrists in March of 2014, and MRI of the left shoulder on 03/11/2014. There was no physical examination provided on the requesting date. Treatment recommendations at that time included an arthroscopic capsulorrhaphy of the left shoulder, bracing, anti-inflammatory medication for the bilateral wrist, physical therapy for the bilateral wrist, and postoperative physical therapy for the shoulder. The injured worker's MRI of the left shoulder obtained on 03/11/2014 indicated a probable Buford complex, anterior and superior labral tears, and questionable strain of the posterior band of the inferior glenohumeral ligament. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsulorrhaphy to the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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) Shoulder Chapter, Thermal Capsulorrhaphy.

**Decision rationale:** California MTUS Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. The Official Disability Guidelines state thermal capsulorrhaphy is currently under study. Initial treatment of the shoulder subluxation or dislocation is conservative in nature, followed by a range of motion and strengthening exercise program. Surgical treatment may be considered in those who are unwilling to give up specific activities or when instability occurs frequently or during daily activities. As per the documentation submitted, there was no physical examination provided on the requesting date. Therefore, there is no documentation of subluxation, dislocation, or instability. There is no imaging evidence of capsular disruption. Without documentation of recurrent dislocation that has not responded to conservative management, and without imaging evidence consistent with a previous dislocation or a capsular disruption, the current request is not medically necessary.

**Post-op Physical Therapy X 24 visits over 14 week period for left 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.