

<b>Case Number:</b>	CM14-0054772		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/01/2014
<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 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 injured worker is a 67-year-old female who reported injured on 11/26/2012. The mechanism of injury was a slip and fall. Prior treatments included physical therapy, occupational therapy, acupuncture and medications. The injured worker underwent a magnetic resonance (MR) arthrogram of the left shoulder on 12/23/2013, with an impression which read; there was extravasation of the contrast into the tissues from the joint capsule at the level of the subscapularis. The physician opined this may be seen normally and is not an indication of joint capsule injury. However, the injured worker's symptoms during the injection suggested there may be adhesive capsulitis. The injured worker experienced pain and discomfort during the injection. There was an abnormal contour of the inferior labrum at the level of the axillary recess. The physician could not exclude the presence of a small tear at this level. There was a postoperative status of the humeral head. The physical examination dated 02/20/2014, revealed the injured worker had isolated abduction strength to 4/5. The injured worker had a positive drop-arm test and Speed's test. The reverse O'Brien's test was equivocal. The lift-off test was positive. The passive range of motion was 150 degrees, forward flexion and abduction were 140 degrees, active forward flexion was 20 degrees and there was abduction to 80 degrees with pain. The diagnosis was adhesive capsulitis, questionable rotator cuff tear. The treatment plan included an arthroscopic lysis of adhesions, capsular release and possible rotator cuff repair, if indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) left shoulder scope, sub-acromial decompression (SAD), lysis of adhesions (LOA), and rotator cuff repair (RTCR): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter, Surgery for Impingement Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for adhesive capsulitis.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have red flag conditions, activity limitations for more than four (4) months plus the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise program and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. Additionally, the guidelines indicate that rotator cuff repair is appropriate for injured workers with significant tears that impair activities by causing weakness of arm elevation or rotation and for partial-thickness rotator cuff tears and small full-thickness tears presenting as impingement surgery is reserved for cases failing conservative therapy for three (3) months. Additionally, they indicate that the surgery for impingement syndrome should not be performed on injured workers who have mild symptoms or those who have no activity limitations. There should be documentation of conservative care including cortisone injections for three to six (3-6) months before surgery. The clinical documentation submitted for review failed to indicate the injured worker has a tear of the rotator cuff, there were no loose bodies, failure to indicate the injured worker had a re-tear of the rotator cuff. The clinical documentation submitted for review indicated the injured worker had some pain with abduction and activity despite physical therapy. The request for subacromial decompression and rotator cuff repair would not be supported. The MTUS/ACOEM Guidelines do not specifically address adhesive capsulitis. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that surgery for adhesive capsulitis is under study. The clinical course of the condition is considered to be self-limiting and conservative treatment including physical therapy and non-steroidal anti-inflammatory drugs (NSAIDs) is good long-term for adhesive capsulitis. However, there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. The clinical documentations submitted for review indicated the injured worker had failed conservative therapy. The injured worker had findings upon a magnetic resonance (MR) arthrogram to support that the injured worker had adhesive capsulitis. The lysis of adhesions would be appropriate. However, as the entire surgical procedure was not supported. The request is not medically necessary.

**Assistant PA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons.

**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.

**Cold Therapy purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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.

**Smartsling with abduction pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**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.