

<b>Case Number:</b>	CM14-0059314		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	09/22/2014	<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 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:

This 49-year-old male road stripper sustained an industrial injury on 8/9/12. Injury occurred while trying to catch a road stencil that was falling. Past medical history was positive for type 1 insulin dependent diabetes. Conservative treatment included anti-inflammatory medications, pain medications, and extensive physical therapy. The 11/30/12 left shoulder MRI impression documented moderate to severe diffuse rotator cuff tendinosis with partial tearing of the distal supraspinatus and infraspinatus. Findings documented intact glenoid labrum and intact located biceps. There was extensive scar tissue located in the rotator interval, along with synovitis. The patient was diagnosed with adhesive capsulitis and underwent left shoulder manipulation under anesthesia on 9/11/13. The 1/13/14 second opinion report cited generalized shoulder pain after activity with restricted mobility. Range of motion had not significantly changed over the past 8 months. Physical exam documented limited range of motion and subacromial tenderness. There was minimal muscle atrophy. X-rays were obtained and demonstrated type II acromion morphology and degenerative changes. The treatment plan recommended arthroscopic assessment with capsular release and manipulation under anesthesia versus simply living with the motion loss and continued self-directed exercise. The 2/12/14 treating physician report cited grade 4/10 intermittent left shoulder pain, worsened with reaching, sleeping, driving, and lifting. Significant sleep interference was reported. Physical exam documented limited range of motion. The diagnosis was left shoulder recalcitrant adhesive capsulitis, plateaued. The treatment plan recommended left shoulder arthroscopy with arthroscopic lysis of adhesions, subacromial decompression, distal clavicle resection, and biceps and labral work as needed. The 3/3/14 utilization review denied the request for left shoulder arthroscopy based on no imaging findings to support distal clavicle resection, biceps repair, or labral repair. The 3/26/14 treating physician progress report stated that the request for biceps, labral, rotator cuff, and distal clavicle work as

needed during shoulder surgery was usual and customary. The request for arthroscopy with lysis of adhesions and subacromial decompression was deemed appropriate, but denial of the other options was purely a technicality and inappropriate. Range of motion was documented including flexion 160, abduction 90, external rotation 80 at 70 degrees abduction, internal rotation 40, extension 50, adduction 30, and external rotation 20 degrees at the side. MRI findings showed diffuse rotator cuff tendinosis, a split tear of the supraspinatus and infraspinatus tendons, some mild biceps tenosynovitis, and degenerative changes of the acromioclavicular joint. The need to be able to fully address all findings at surgery was reiterated. The surgeon strongly appealed the surgery denial.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Shoulder Arthroscopy with Lysis of Adhesions Subacromial Decompression Distal Clavicle Resection Biceps and Labral work as needed: Overturned**

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

**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, Surgery for adhesive capsulitis, Surgery for impingement.

**Decision rationale:** The California MTUS do not provide recommendations for surgery for adhesive capsulitis. The Official Disability Guidelines state that there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. The ODG indications for acromioplasty include 3 to 6 months of conservative treatment directed toward gaining full range of motion. Criteria additionally include painful active arc of motion and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have been met. This patient presents with recalcitrant adhesive capsulitis despite reasonable operative and non-operative treatment. There is significant pain at night, limitation in range of motion, and functional disability. The option of distal clavicle resection, biceps and labral work should be open to the surgeon to address occult findings confirmed at the time of arthroscopic surgery. Therefore, this request is medically necessary.