

<b>Case Number:</b>	CM14-0061734		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 47-year-old female sustained an industrial injury on 4/1/12. The mechanism of injury was not documented. The patient underwent right shoulder arthroscopy with subacromial decompression and open rotator cuff repair on 10/22/13. Records indicated that the patient had significant loss of range of motion coming out of the immobilizer. There was no improvement in range of motion noted since 1/13/14 despite post-operative physical therapy and continuous passive motion use. The 3/6/14 treating physician report cited on-going right shoulder pain. Physical exam findings documented 90 degrees of abduction and flexion with external rotation 0 degrees. The treatment plan recommended right shoulder arthroscopy with debridement and intensive post-operative physical therapy. The 4/23/14 utilization review denied the request for right shoulder arthroscopy and debridement based on an absence of imaging documentation and details of failed conservative treatment. The 6/9/14 treating physician report indicated the patient was awaiting authorization for surgery. Physical exam documented decreased right shoulder range of motion with 4/5 strength in flexion and abduction up to 90 degrees. External rotation was 20 degrees. The diagnosis was right shoulder adhesive capsulitis and sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy, debridement:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability

Guidelines, Treatment Index, 11th edition (web), 2013 Shoulder, Diagnostic Arthroscopy: Surgery for adhesive capsulitis.

**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.

**Decision rationale:** The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines state that surgery for adhesive capsulitis is under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. Guideline criteria have been met. This patient was status post right shoulder subacromial decompression and open rotator cuff repair. She had failed to achieve functional range of motion over more than 6 months post-surgery despite physical therapy and continuous passive motion. There has been no improvement in range of motion noted since 1/13/14. Given the failure of conservative treatment and findings of adhesive capsulitis, this request for right shoulder arthroscopy and debridement is medically necessary.