

Case Number:	CM14-0062871		
Date Assigned:	07/11/2014	Date of Injury:	09/20/2013
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 Pennsylvania. 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 claimant is a 44-year-old female who sustained a right shoulder injury on September 20, 2013. The clinical records available for review include a right shoulder MRI report dated October 26, 2013 that showed capsular swelling consistent with adhesive capsulitis and tearing of the bicep anchor consistent with a Type II SLAP lesion. A January 10, 2014 progress report describes continued complaints of shoulder pain and stiffness. Physical examination showed abduction and internal/external rotation to the shoulder to be grossly intact; no positive physical examination findings were documented. The claimant was diagnosed with a right shoulder SLAP tear with stiffness and primary adhesive capsulitis. The notes state that treatment has included physical therapy, corticosteroid injections and medication management. This request is for: a right shoulder manipulation under anesthesia with open biceps tenodesis; right shoulder lysis of adhesions with capsular release; and a preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lysis of adhesions or capsular release: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates, Shoulder procedure.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines criteria, a lysis of adhesion procedure would not be indicated. Official Disability Guidelines criteria do not support the role of surgical intervention for the diagnosis of adhesive capsulitis. Given the claimant's clinical presentation, including physical examination that shows full abduction and internal/external rotation to the shoulder, this request would not be supported as medically necessary.

Right shoulder manipulation under anesthesia, subpectoral open biceps tenodesis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates, Shoulder procedure.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines criteria, a manipulation under anesthesia with a sub-pectoral open bicep tenodesis would not be indicated. This claimant's imaging is consistent with labral tearing; however, labral repair is not being recommended by the treating provider. Because the claimant had full range of motion with internal/external abduction upon the most recent assessment, there would be no indication for a manipulation under anesthesia. Given the imaging findings of labral tearing and physical examination findings, the request for sub-pectoral open biceps tenodesis would not be established as medically necessary.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.