

Case Number:	CM14-0066014		
Date Assigned:	07/18/2014	Date of Injury:	04/18/2013
Decision Date:	10/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 claimant is a 46-year-old female who was involved in a work related accident on April 18, 2013 and sustained injuries to the neck and right upper extremity. Specific to the claimant's right shoulder, the March 28, 2014 progress report noted ongoing complaints of pain that was unchanged with recent conservative measures. The medical records document that the claimant underwent a December 2, 2013 subacromial decompression and Mumford procedure. Objective findings on examination included continued weakness in a global fashion, tenderness to palpation, and positive Neer, impingement and O'Brien's testing. It was documented on the progress report that the preoperative MRI showed tendinopathy and partial rotator cuff findings. The claimant was diagnosed with right shoulder adhesive capsulitis following the arthroscopic procedure. Recommendation was made for repeat right should arthroscopic debridement and closed manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appeal Right shoulder athroscopic debridement: 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): 207-208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Surgery for adhesive capsulitis 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.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the proposed shoulder arthroscopic debridement for the diagnosis of adhesive capsulitis would not be indicated. The medical records document that the claimant is status post shoulder decompressive procedure with no acute postoperative findings or imaging available for review. ACOEM Guideline parameters typically do not recommend the role of arthroscopic procedures in the setting of adhesive capsulitis. There is no documentation of improvement with an additional shoulder arthroscopic procedure opposed to manipulation procedures alone. The clinical request in this case would not be supported as medically necessary.