

<b>Case Number:</b>	CM14-0066637		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/08/2005
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Mississippi. 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 62-year-old male who was reportedly injured on July 8, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 9, 2014, indicates that there are ongoing complaints of right shoulder pain and stiffness. There is a history of right shoulder surgery performed on July 19, 2011 and July 31, 2012. Current medications include Vicodin and Naproxen. The physical examination demonstrated abduction to 110 degrees with a painful arc of motion, positive impingement, and forward flexion to 150 degrees. External rotation was measured at 45 degrees and internal rotation was 30 degrees. Rotator cuff strength was rated at 5/5 except for the supraspinatus which was rated at 4/5. Diagnostic imaging studies objectified postoperative changes versus mild tendinopathy of the right shoulder rotator cuff. No tear of the rotator cuff or biceps labral complex was noted. There was a diagnosis of postoperative are fibrosis and recurrent impingement. A request had been made for an arthroscopic decompression and capsular release of the right shoulder along with postoperative physical therapy and was not certified in the pre-authorization process on April 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic Decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Shoulder (update 4/25/14)Surgery for impingement syndromeIndications for Surgery -  
Acromioplasty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-208.

**Decision rationale:** The most recent progress note dated April 9, 2014 recommends future right shoulder surgery but does not address any previous conservative treatment to include physical therapy that has been conducted since the second surgery has been completed. Therefore it is unclear if the injured employee's current problems are due to lack of therapy or persistent problems post surgery. Additionally the recent magnetic resonance image of the right shoulder shows evidence of a prior subacromial decompression. Therefore, the request for, arthroscopic decompression is not medically necessary and appropriate.

**Capsular Release for Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 26, 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Shoulder (updated 4/25/14)Surgery for adhesive capsulitis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-208.

**Decision rationale:** The most recent progress note dated April 9, 2014 recommends future right shoulder surgery but does not address any previous conservative treatment to include physical therapy that has been conducted since the second surgery has been completed. Therefore it is unclear if the injured employee's current problems are due to lack of therapy or persistent problems post surgery. Additionally the recent magnetic resonance image of the right shoulder shows no abnormality that would justify a capsular release. Therefore, the request for Capsular release for right shoulder is not medically necessary and appropriate.

**Physical Therapy Right Shoulder 2 X 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA  
MTUS 9792.24.3 Post Surgical Treatment Guidelines, California Code of Regulations, Title 8.  
Effective July 18, 2009.

**Decision rationale:** Considering that the additional requests for right shoulder surgery have been stated to be not medically necessary so is this request for postoperative physical therapy for the right shoulder twice a week for six weeks.