

Case Number:	CM14-0157667		
Date Assigned:	09/30/2014	Date of Injury:	10/08/2008
Decision Date:	10/09/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 56 year old male who reported an industrial injury on 10-8-2008. His diagnoses, and or impression, were noted to include: disorders of bursae and tendons in the shoulder region; and pain in the joint of the shoulder region. A urine toxicology screening was done on 2-28-2014, noting an inconsistency; and no current imaging studies were noted. His treatments were noted to include: a panel qualified medical evaluation on 6-26-2014; occupational therapy for the bilateral upper extremities (March, 2014); medication management with toxicology screenings; and rest from work. The progress notes of 8-12-2014 reported a follow-up visit for continued, unchanged, moderate left shoulder pain with stiffness; that his left shoulder manipulation under anesthesia had not been approved; that he had recently had a qualified medical examination, but there was no report; and that he continued to take pain medications, sometimes doubling the dose of his Norco. Objective findings were noted to include: continued diffuse tenderness in the anterior left shoulder, greatest over the bicipital groove; that he remained tight and tender in the pectoralis tendon of the left shoulder; specific degrees of left shoulder range-of-motion were provided; and that he had pain, without weakness, with stressing of the "RTC" of the left shoulder. The physician's requests for treatments were noted to include left shoulder "MUA", and post-operative physical therapy, 2 x a week for 6 weeks. No 8-12-2014 request for Authorization was noted in the medical records provided. The Utilization Review of 8-26-2014 non-certified the request for left shoulder arthroscopy with debridement and manipulation, under anesthesia, and 12 post-operative physical therapy treatments for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (updated 7/29/14), Surgery for rotator cuff repair.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 8/12/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 8/12/14 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore the request is not medically necessary.

Left Shoulder Arthroscopy, Manipulation Under Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (updated 7/29/14), Surgery for rotator cuff repair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for adhesive capsulitis. Per ODG shoulder section, the clinical course of this condition is self-limiting. There is insufficient literature to support capsular distention, arthroscopic lysis of adhesions/capsular release or manipulation under anesthesia (MUA). The clinical information from 8/12/14 does not show evidence of adhesive capsulitis. Based on the above, the requested procedure is not medically necessary.

Post Op Physical Therapy Left Shoulder, 2 X Weekly for 12 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (updated 7/29/14), Surgery for rotator cuff repair.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.