

<b>Case Number:</b>	CM14-0191083		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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: Texas, Louisiana  
 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:

The injured worker is a 43-year-old female who reported an injury while bending over and holding a baby on 03/13/2014. On 10/13/2014, her diagnoses included cervical radiculopathy, shoulder tendonitis, adhesive capsulitis of the shoulder, and glenoid labrum tear. A left shoulder MRI of 09/29/2014, was reportedly suspicious for a tear of the superior labrum. It was reported to have noted minimal joint effusion and cuff tendinosis. There was no evidence of a rotator cuff tear. She was prescribed Zorvolex 35 mg and attended 6 sessions of physical therapy. She received a Depo Medrol injection into the left shoulder subacromial space. On 10/27/2014, it was noted that despite the previous therapies, she was still symptomatic and had "significant restrictions in motions of the left shoulder". A cervical epidural steroid injection was discussed, but she declined the injection. She agreed to shoulder surgery, which was recommended in view of her lack of response to the steroid injection, ongoing pain and limited motion. A Request for Authorization dated 11/05/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder Arthroscopy/Arthroscopic subacromial decompression:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, an arthroscopic subacromial decompression is indicated for a rotator cuff tear or impingement syndrome. The left shoulder MRI showed evidence of a suspicious tear of the superior labrum. There was also minimal joint effusion and cuff tendinosis and no evidence of a rotator cuff tear. Her past treatments include physical therapy. However, there was insufficient documentation to demonstrate functional limitations, evidence of a failed response to a cortisone injection, and evidence of impaired activities secondary to weakness of arm elevation. Additionally, there was insufficient documentation to demonstrate a failed response to physical therapy and other conservative treatments for a minimum of 3 months. As such, the request for Left shoulder Arthroscopy/Arthroscopic subacromial decompression is not medically necessary.

**Possible labral repair, lysis of adhesion for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** The request for possible labral repair, lysis of adhesion for the left shoulder, is not medically necessary. It was noted in the submitted documentation that this injured worker had received 1 Depo Medrol injection into her shoulder. The California ACOEM Guidelines note that 2 or 3 subacromial injections of local anesthetic and cortisone preparation are recommended over an extended period as part of an exercise rehabilitation to treat impingement syndrome. Additionally, the MRI was unclear regarding the labral tear, and the surgical procedure cannot be considered medically necessary for the possibility of a labral tear. Therefore, the request for possible labral repair, lysis of adhesion for the left shoulder is not medically necessary.

**Manipulation under anesthesia for the left shoulder:** 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), Shoulder, and Manipulation under anesthesia (MUA).

**Decision rationale:** The request for manipulation under anesthesia for the left shoulder is not medically necessary. The Official Disability Guidelines consider shoulder manipulation under

anesthesia as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3 to 6 months, where range of motion remains significantly restricted, manipulation under anesthesia may be considered. Manipulation under anesthesia for frozen shoulder may be an effective way of shortening the course of this apparently self limiting disease and should be considered when conservative treatment has failed. MUA may be recommended as an option in primary frozen shoulder to restore early range of motion and to improve early function in this often protracted and frustrated condition. This injured worker did not have a diagnosis of frozen shoulder. Additionally, there was no indication that she had undergone 3 to 6 months of conservative therapy. The need for this procedure was not clearly demonstrated in the submitted documentation. Therefore, the request for manipulation under anesthesia for the left shoulder is not medically necessary.