

Case Number:	CM14-0200768		
Date Assigned:	12/11/2014	Date of Injury:	11/02/2012
Decision Date:	02/03/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Minnesota. 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 38 a-year-old male with a history of right shoulder pain radiating up into the neck and down the biceps associated with cracking and popping in the shoulder joint. The history is that on November 2, 2012 he was using an electric slicer to slice meet and felt a popping sensation and immediate pain in the right shoulder. He underwent surgery on his right shoulder on August 8, 2013 and participated in a postoperative physical therapy program. He then received a corticosteroid injection in 2014 which was reported to be helpful. Per primary treating physicians comprehensive initial orthopedic evaluation and request for treatment authorization dated July 10, 2014, the range of motion of the right shoulder was limited with flexion to 100, extension 20, abduction to 75 and adduction to 15. External rotation was 45 and internal rotation 60. An operative report of the previous surgery indicated that the procedure included arthroscopic bursectomy, open anterior acromioplasty, open distal clavicle resection and open subacromial decompression. The diagnosis was adhesive capsulitis right shoulder. The actual operative report was not submitted. On examination there was tenderness in the right trapezius and right side of neck. There was also tenderness noted in the cervical paraspinal muscles. The recommendation was a course of conservative treatment consisting of symptomatic medications. An MR arthrogram was also advised. The MR arthrogram was performed on August 11, 2014. The report dated August 12, 2014 indicates findings of abnormal signal intensity due to the prior surgery involving the soft tissues of the shoulder. A type II acromion was observed. Prior resection of the distal clavicle was noted. The glenohumeral joint was normal. Cystic changes were noted at the superior humeral head. The distal supraspinatus tendon was attenuated with subtle increased signal intensity at the osseous attachment site due to partial tendon tear, increased signal intensity with intravenous sedation of contrast extending to the articular surface of the distal infraspinatus tendon consistent with articular surface partial

tendon tear. The subscapularis and teres minor tendons were intact. The anterior labrum appeared intact. The posterior labrum revealed increased signal intensity with irregular margins, due to a tear. The superior labrum consisted of intermediate to increased signal intensity extending anterior to posterior and into the biceps labral anchor due to a type II SLAP lesion. A request for right shoulder arthroscopy was noncertified by utilization review on 11/11/2014 for absence of a legible physical examination of the shoulder or documentation of the treatment to date. Furthermore, there was no evidence of conservative care including cortisone injections necessitated by guidelines. There was no documentation of MRI. Since that time, the physical examination and MR arthrogram have been provided. However, the records submitted do not include documentation of a rehabilitation program consisting of active exercises and corticosteroid injections for 3-6 months. The current diagnosis is adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder video arthroscopy: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Topic: Manipulation under anesthesia.

Decision rationale: The surgery requested his arthroscopy of the right shoulder. It is not clear if this represents diagnostic arthroscopy or additional arthroscopic surgery. Based upon the MR arthrogram, the diagnosis is fairly clear. California MTUS guidelines indicate surgical considerations for red flag conditions such as an acute rotator cuff tear, or activity limitation for more than 4 months plus existence of a surgical lesion or failure to improve the range of motion and strength from an active rehabilitation program plus existence of a surgical lesion or clear clinical and imaging evidence of a lesion that is known to benefit in both the short and long-term from surgical repair. ODG guidelines for manipulation under anesthesia for adhesive capsulitis indicate the procedure for cases that are refractory to conservative therapy lasting at least 3-6 months with abduction less than 90 . The documentation provided does not include evidence of a conservative treatment program including corticosteroid injections and physical therapy or home exercise program for 3-6 months as necessitated by guidelines for adhesive capsulitis and partial-thickness rotator cuff tears, impingement syndrome, and SLAP lesions. Based upon the documentation provided or lack thereof, the surgery as requested is not medically necessary.