

Case Number:	CM14-0046481		
Date Assigned:	07/02/2014	Date of Injury:	12/16/2007
Decision Date:	05/01/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/15/2014

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

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 49-year-old male with an industrial injury dated 12/16/2007. He states while using a large pry bar, felt a popping sensation in his shoulder followed by significant pain. Treatment to date includes MRI, diagnostics, cortisone injection, physical therapy and left shoulder arthroscopic decompression surgery 07/29/2008. Diagnoses/Impression was chronic left frozen shoulder with underlying partial rotator cuff tendon tears and right frozen shoulder. He also had a medical history of diabetes. He presented on March 21, 2014 for follow up regarding left shoulder. MRI report documented in the 03/14/2014 progress note states chronic left frozen shoulder with underlying partial rotator cuff tendon tears. The full report is in the submitted records. Exam note 9/16/13 demonstrates left shoulder forward flexion of 160 degrees, external rotation of 50 degrees and internal rotation of 40 degrees. The provider requested authorization for left shoulder arthroscopy, capsulectomy and manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, Capsulectomy and Manipulation under anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210, 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for Adhesive Capsulitis.

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the ODG Shoulder section, surgery for adhesive capsulitis is 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. The guidelines recommend an attempt of 3-6 months of conservative therapy prior to contemplation of manipulation and when range of motion remains restricted (abduction less than 90 degrees). In this case, there is insufficient evidence of failure of conservative management in the notes submitted from 3/21/14. Until a conservative course of management has been properly documented, the request is not medically necessary.