

<b>Case Number:</b>	CM15-0009363		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/29/2003
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Illinois, California, Texas  
 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 53 year old female, who sustained an industrial injury on 10/29/2003. She has reported left shoulder pain. The diagnoses have included status post right thumb arthrodesis of the metatarsophalangeal joint and interphalangeal joint; and left shoulder impingement syndrome with adhesive capsulitis. Treatment to date has included medications and surgical intervention. Medications have included Tramadol and Omeprazole. A progress note from the treating physician, dated 10/22/2014, documented a follow-up evaluation with the injured worker. The injured worker reported increasing right thumb pain; left shoulder pain; pain is limiting her abilities to do activities; and difficulty sleeping. Objective findings included tenderness to palpation over the right thumb; decreased sensation to the entire thumb; pain and weakness to the left shoulder with internal rotation, external rotation, and abduction; decreased passive range of motion of the left shoulder. The treating physician noted that the injured worker is a candidate for surgical treatment in regards to the left shoulder. The treatment plan has included left shoulder arthroscopy with subacromial decompression, manipulation under anesthesia with capsular release; and follow-up evaluation. On 01/02/2015 Utilization Review noncertified 1 Left Shoulder Arthroscopy with Subacromial Decompression, Manipulation under Anesthesia with Capsular Release. The CA ACOEM Guidelines: Chapter 9 (Shoulder Complaints); and the ODG: Indications for Surgery, Shoulder (Acute and Chronic) were cited. On 01/07/2015, the injured worker submitted an application for IMR for review of 1 Left Shoulder Arthroscopy with Subacromial Decompression, Manipulation under Anesthesia with Capsular Release.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 left shoulder Arthroscopy with Subacromial Decompression, Manipulation under Anesthesia with Capsular Release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): (s) 210, 211. Decision based on Non-MTUS Citation Official Disability Guidelines - Indications for Surgery-Acromioplasty; Shoulder (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder: Surgery for adhesive capsulitis; Surgery for impingement syndrome;

**Decision rationale:** The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging clinical findings showing positive evidence of impingement. The California MTUS guidelines do not provide surgical criteria for manipulation under anesthesia. The Official Disability Guidelines state that manipulation under anesthesia is under study as an option for adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered. The use of physical therapy and injections are recommended for the treatment of adhesive capsulitis. Guideline criteria have not been met. This patient presents with clinical exam findings suggestive of adhesive capsulitis with significant loss of passive range of motion and disuse weakness. There is imaging evidence of mild acromioclavicular joint degenerative changes with plausible impingement. Detailed evidence of 3 to 6-months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial directed to the left shoulder and failure has not been submitted. Given the absence of guideline-recommended conservative treatment, this request for one left shoulder arthroscopy with subacromial decompression, manipulation under anesthesia with capsular release is not medically necessary at this time.