MAXIMUS Federal Services

Case Number:	CM15-0103070		
Date Assigned:	06/05/2015	Date of Injury:	06/06/2012
Decision Date:	07/03/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, Indiana, Oregon
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 was a 56 year old female, who sustained an industrial injury, June 6, 2012. The injured worker previously received the following treatments left shoulder injection, physical therapy, home exercise program, left shoulder MRI arthrogram on January 15, 2015 and CPM (continuous range of motion machine). The injured worker was diagnosed with contracture of joint of the shoulder and shoulder bursar and tendon disorder. According to the physical therapy progress report of March 16, 2015, the injured worker continued to improve in the left shoulder range of motion but was lacking in all directions, especially flexion. The injured worker was still having 5 out of 10 pain with all shoulder movement. The injured worker presented with increased soft tissue restrictions in the thoracic paraspinals and rotator cuff muscles. According to progress note of March 17, 2015, the injured workers chief complaint was left shoulder stiffness, status post manipulation under anesthesia and intra-articular cortisone injection. The injured worker showed some improvement with aggressive therapy. The injured worker had plateaued with certain range of motion including forward elevation and internal rotation. The physical examination of the left shoulder noted no evidence of gross deformity. There was a smooth pendulum at side. The wall climb was 150 degrees; external rotation was 75 degrees, abduction 110 degrees. The injured worker was apprehensive to resisted forward elevation. There was slight numbness at the ulnar distribution. The treatment plan included left shoulder arthroscopic capsular release with manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder, Arthroscopic Capsular Release with Manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter - Surgery for adhesive capsulitis; Manipulation under anesthesia (MUA).

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

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 3/16/15 does not demonstrate significant range of motion loss and it was noted that the worker continued to improve. Based on the above, the requested procedure is not medically necessary.