

Case Number:	CM15-0136109		
Date Assigned:	07/24/2015	Date of Injury:	02/25/2014
Decision Date:	08/24/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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:

This injured worker is a 60-year-old male who sustained an industrial injury on 2/25/14. Injury occurred when he slipped getting on his truck and fell on his left shoulder. The 4/9/14 left shoulder MRI impression documented a full thickness anterior rotator cuff tear including the supraspinatus and subscapularis tendon junction. There were degenerative changes of the acromioclavicular joint with minimal encroachment on the subacromial space. The long head biceps tendon was intact. There was a small amount of fluid in shoulder joint in the subacromial/subdeltoid bursa. He underwent left shoulder arthroscopy with rotator cuff repair, acromioplasty, anterior-posterior capsule repair and manipulation under anesthesia on 1/7/15. Physical therapy was initiated on 2/2/15. The 6/18/15 treating physician report indicated that the injured worker was able to get his hand above his head about 6 inches with scapular assistance. Supine, he gets well above his head. Physical exam documented supine passive flexion of 160 degrees, with abduction/external rotation 90/75 degrees with internal rotation of 25 degrees. Internal rotation was reported to T12/L1. The left shoulder arc of motion was 100 degrees, compared to normal 135 degrees. In active flexion, there was a painful catch at 30 degrees. Left shoulder strength was 4 to 4+/5. Drop arm and empty can tests were negative. The injured worker had 31 post-op physical therapy sessions and had stopped showing improvement. There was decreased left shoulder range of motion with stiffness and decreased strength. Authorization was requested for arthroscopic debridement/capsular release, and manipulation of the left shoulder, twelve sessions of post-operative physical therapy to the left shoulder and Norco 10/325mg #40. The 7/7/15 utilization review non-certified the left shoulder arthroscopic

debridement/capsular release, manipulation under anesthesia and associated requests as the injured worker had near normal strength and passive mobility although active mobility was lagging behind.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic debridement capsular release and manipulation of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Indications for Surgery-Shoulder Arthroscopic Debridement for Arthritis, Manipulation under anesthesia, Surgery for adhesive capsulitis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for adhesive capsulitis; Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS guidelines do not provide recommendations for the requested surgery. The Official Disability Guidelines state that 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. 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. Guideline criteria have not been met. This injured worker presents with limitation in left shoulder active range of motion following arthroscopic surgery. Clinical exam documented passive range of motion to 150 degrees which is not consistent with a diagnosis of adhesive capsulitis. Conservative treatment had been provided for approximately 4 months at the time of this request with progressive improvement in range of motion noted through 5/14/15. Therefore, this request is not medically necessary at this time.

12 sessions of postoperative physical therapy to 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 cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Norco 10/325mg #40: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.