

<b>Case Number:</b>	CM15-0139178		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Oregon, Washington  
 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 38 year old female patient who sustained an industrial injury on 02/17/2013. An orthopedic follow up dated 12/17/2014 reported the patient with subjective complaint of right knee and left shoulder pain. She states she is wearing a knee brace. She states she cannot kneel, squat, or do impact exercises. She reports getting some improvement after administration of a left subcromial shoulder injection, but still feels as if the shoulder "is going to click or pop, or something else going on in the shoulder". She cannot sleep on her left side, struggles putting on a regular bra, and is forced to wear a sports bra. She is limited to activity that involves over the shoulder movement. Objective assessment found the patient with right knee 2cm of atrophy in the VMO portion. There is a trace joint effusion. She could actively elevate the left arm to about 160 degrees with the elbow at her side and noted being intolerant to anterior apprehension and all provocative instability testing. The impression found the patient being status post right knee arthroscopy with failed microfracture of grade IV weight bearing chondral effect, lateral femoral condyle, with persistent significant reoccurring joint effusions and intolerance to functional activities. There is right knee functional quadriceps weakness with anterior knee pain and intermittent instability; left shoulder hyperabduction extension compensable consequence injury with partial improvement with subcromial injection, cannot rule out labral tear, and situational depression. There is a recommendation for the patient to undergo a magnetic resonance imaging study with intraarticular gadolinium ruling out a labral tear. There is also a recommendation to obtain a psychiatric evaluation to assess the depression complaint.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left shoulder closed MUA followed by diagnostic arthroscopy, anterior labral reconstruction, adhesion lysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Manipulation under anesthesia (MUA); Diagnostic arthroscopy; Bankart repairs; Surgery for adhesive capsulitis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 209-210. Decision based on Non-MTUS Citation (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 12/17/14 shows range of motion of the shoulder to include flexion 160, abduction 140, internal rotation to the buttock, and external rotation of 30 degrees. This does not show evidence of adhesive capsulitis. Based on the above, the requested procedure is not medically necessary. CA MTUS/ACOEM Shoulder Chapter, pages 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. In this case there is insufficient evidence to warrant labral repair secondary to lack of physical examination findings and lack of documentation of conservative care. Therefore the request is not medically necessary.

**8 post-operative physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 209-210.

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