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| Case Number: | CM15-0140384 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 11/01/2007 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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 56 year old female who sustained an industrial injury on November 11, 2007. An orthopedic follow up visit dated 06-15-2015 reported the patient with subjective complaint of persistent right shoulder pain despite treatment with initially conservative modalities such as: activity modification, oral medications, physical therapy session, injections, increased activity with return to work duty, and subsequently surgical intervention 03-07-2014. Objective assessment found the patient with a right forward flexion to 130 degrees, abduction to 120 degrees and internal rotation to 80 degrees, but external rotation is at 45 to 50 degrees. The following diagnosis was applied: adhesive capsulitis that has failed to improve with 15 months of attempted treatment; status post right carpal tunnel release 09 2008; status post anterior cervical discectomy with fusion at C5-6 on 06-19- 2009; hardware removal at C5-6 with anterior cervical discectomy, fusion at C4-5, and C6-7; bilateral cubital tunnel syndrome; right shoulder impingement; recurrent right carpal tunnel, and bilateral upper extremity overuse with lateral epicondylitis, DeQuervain's, and carpometacarpal synovitis. The plan of care noted consideration to undergo arthroscopic lysis of adhesions, follow by a course of physical therapy. Of note, the patient is scheduled to undergo removal of hardware in cervical spine on 06-26-2015 and now both procedures could be timed in a fashion to accommodate rehabilitation for both in tandem. The patient will require pre-operative work up including medical clearance. A secondary treating physician is recommending the patient to undergo a magnetic resonance imaging arthrogram and have a functional capacity evaluation performed. The patient noted undergoing an open rotator cuff repair with arthroplasty of the right shoulder on May 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic lysis of adhesions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, 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, 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. Additionally this patient has range of motion greater than 90 degrees. Until a conservative course of management and decreased range of motion has been properly documented, the determination is not medically necessary.

Post-op physical therapy 2x6: 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.

Pre-op clearance by internist: 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.