

Case Number:	CM15-0180957		
Date Assigned:	09/22/2015	Date of Injury:	03/12/2012
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 61 year old male, who sustained an industrial injury on 3-12-2012. The injured worker was diagnosed as having right rotator cuff rupture, supraspinatus-subscapularis, biceps tenosynovitis, right, impingement, right, and shoulder pain, right. Treatment to date has included therapy and injections. Currently (8-04-2015), the injured worker complains of continued right shoulder pain. Magnetic resonance imaging (730-2015) was documented to show "evidence of a full thickness tear of the supraspinatus the degree of retraction, degeneration of the subscapularis along with biceps tendinitis with tearing, degeneration of the superior labrum. A degree of capsulitis was also noted." He was currently retired. The treatment plan included right shoulder arthroscopy with arthroscopic rotator cuff, supraspinatus, subscapularis, repair possible supplemental graft, extensive debridement intra and extra articular, biceps tenodesis, subacromial decompression, and associated surgical services. On 8-18-2015 Utilization Review non-certified the extensive debridement intra and extra articular.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with extensive debridement intra and extra articular: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

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 / adhesive capsulitis & Arthroscopic debridement (for shoulder arthritis).

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 8/4/15 shows does show evidence of adhesive capsulitis. Based on the above, the requested procedure is not medically necessary. Per ODG regarding arthroscopic debridement: "ODG Indications for Surgery-Shoulder Arthroscopic Debridement for Arthritis: Glenohumeral joint osteoarthritis, post- traumatic arthritis, or rheumatoid arthritis with all of the following: (1) More likely benefit under age 60 (contraindicated over 60 with humeral head deformity, large osteophytes and/or significant motion loss unless mechanical locking due to loose body); (2) Moderate to severe pain (preventing a good night's sleep) or functional disability that interferes with activities of daily living or work; (3) Positive imaging findings of shoulder joint degeneration with small lesions, preferably involving only one side of joint; (4) Conservative therapies (including NSAIDs, intra- articular steroid injections, and physical therapy) have been tried and failed for at least 6 months; (5) If rheumatoid arthritis, tried and failed anti-cytokine agents or disease modifying anti-rheumatic drugs." As the above ODG criteria for shoulder debridement has not been met the recommendation and is not medically necessary.