

Case Number:	CM15-0195469		
Date Assigned:	10/09/2015	Date of Injury:	12/12/2013
Decision Date:	12/22/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 is a 55-year-old female, with a reported date of injury of 12-12-2013. The diagnoses include left shoulder impingement syndrome and status post left shoulder arthroscopy with capsular release and subacromial decompression. Treatments and evaluation to date have included Tramadol, physical therapy, Hydrocortisone lotion, and left shoulder arthroscopy with limited capsular debridement and subacromial decompression on 04-13-2015. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 08-13-2015 indicates that the injured worker presented for follow-up of shoulder pain. She continued to have moderate stiffness. The injured worker denied any significant pain with range of motion. The physical examination showed no swelling in the bilateral extremities; shoulder normal in appearance; well-healed surgical incisions; forward flexion was to 100 degrees; external rotation to 45 degrees; internal rotation to T12; pain at the extremes of all motion; elbow range of motion was full and pain-free; normal motor strength distally; and normal sensation throughout. On 07-17-2015, the objective findings included forward flexion to 110 degrees; external rotation to 45 degrees; internal rotation to L5; and pain at the extremes of all motion. The treatment plan included manipulation of the left shoulder under anesthesia. The injured worker has been instructed to remain off work until the next appointment. The treating physician requested left shoulder arthroscopy with manipulation plus seven associated services. On 09-17-2015, Utilization Review (UR) non-certified the request for left shoulder arthroscopy with manipulation plus seven associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with manipulation, 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 (ODG), Shoulder, Arthroscopy.

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). In this case, there is evidence of adhesive capsulitis. The requested procedure is not recommended by the guidelines and therefore is not medically necessary.

Post-op physical therapy, twice weekly for 6 weeks, left shoulder qty: 12.00: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: EKG clearance: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: CBC (complete blood count): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: BMP (basic metabolic panel): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: PT (prothrombin time): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: PTT (partial thromboplastin time): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: INR (international normalized ratio): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.