

Case Number:	CM15-0207050		
Date Assigned:	10/27/2015	Date of Injury:	06/18/2014
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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 39-year-old male who sustained an industrial injury on 6/18/14. Injury to the left shoulder was reported after moving large pieces of glass for the entire day. Past medical history was positive for diabetes with poor medical compliance due to lack of insurance. He underwent left shoulder rotator cuff repair in December 2014. The 9/10/15 left shoulder MRI conclusion documented post-operative changes of rotator cuff repair and reattachment to the humeral head without evidence for recurrent tear or subacromial joint effusion. There was some mild degenerative hypertrophic change of the acromioclavicular joint and mild downward impingement on the rotator cuff at the musculotendinous junction. There was no evidence for synovial thickening or other evidence for capsulitis. The 9/15/15 treating physician report cited persistent anterior and posterior left shoulder pain with repetitive use or reaching overhead. He had been unable to return to full duty work. Conservative treatment had included corticosteroid injection, exercise program, and oral medications. Physical exam documented left shoulder range of motion as forward flexion 150 degrees with high riding scapula, external rotation 45 degrees, and internal rotation to L3. With the scapula stabilized, left shoulder forward flexion and abduction were 130 degrees. Hawkin's test was equivocal, provocative biceps testing was negative, and rotator cuff strength was 5/5. The assessment included left shoulder stiffness with repetitive use and pain overhead at 9 months status post arthroscopy, subacromial decompression and supraspinatus repair. Capsulitis was suspected in the context of diabetes. The rotator cuff repair was intact with some scar tissue suspect and a subtle asymmetry in range of motion. He had exhausted conservative measures. He had not been taking medications for his diabetes over the past 3 months. The importance of treatment of his diabetes was discussed in the context of frozen shoulder. Authorization was requested for left shoulder examination under anesthesia,

arthroscopy with capsular release, manipulation under anesthesia (MUA), debridement of adhesions and post-op physical therapy (2x6). The 9/29/15 utilization review non-certified the request for left shoulder examination under anesthesia, arthroscopy with capsular release, MUA, debridement of adhesions and post-op physical therapy (2x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Examination Under Anesthesia/Arthroscopy with Capsular Release, MUA, Debridement of Adhesion: Upheld

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

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 surgical recommendations for adhesive capsulitis. 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 persistent left shoulder pain and stiffness following rotator cuff repair and subacromial decompression in December 2014. Co-morbidities included diabetes with poor medication compliance over the prior 3 months due to insurance coverage issues. Physical exam documented limited range of motion with abduction of 130 degrees. Imaging documented an intact rotator cuff repair with no evidence for adhesive capsulitis. There is no evidence of up to 6 months of aggressive physical therapy treatment with or without a corticosteroid injection and documentation of failure of same in the context of well-controlled diabetes. Therefore, this request is not medically necessary at this time.

Post Op Physical Therapy (12-sessions, 2 times a week for 6-weeks): 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.