

Case Number:	CM15-0024832		
Date Assigned:	02/17/2015	Date of Injury:	02/13/2014
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 55-year-old male, who sustained an industrial injury on 2/13/14. The patient underwent left shoulder arthroscopy with lysis of adhesions, manipulation under anesthesia, and rotator cuff repair on 5/27/14. The 9/26/14 treating physician report noted continued shoulder stiffness with flexion 90, abduction 90, and external rotation 30 degrees. A corticosteroid injection was performed to the subacromial space and continued home exercise was recommended. The 10/13/14 treating physician report prescribed additional physical therapy. The 11/26/14 left shoulder MRI impression documented a focal mid-grade partial thickness supraspinatus tear with mild acromioclavicular joint hypertrophy with minimal impression on the underlying supraspinatus tendon and body. The 12/19/14 treating physician report cited continued left shoulder stiffness. Physical exam documented active shoulder range of motion as 120 degrees elevation, 90 degrees abduction, 40 degrees external rotation, and internal rotation to L1, with pain at all end-range motions. There was no significant passive motion beyond his active limits. There was 4+/5 rotator cuff strength. The treatment plan recommended arthroscopy for lysis of adhesions and manipulation under anesthesia, followed by immediate post-operative therapy and continuous passive motion. On 1/7/15, utilization review non-certified a request for arthroscopy with debridement, lysis of adhesions, and MUA (manipulation under anesthesia) of the left shoulder, noting it was unclear why the claimant only underwent twelve sessions of postoperative physical therapy, and it was unclear if the claimant had a cortisone injection into the subacromial space or glenohumeral space as a diagnostic and

potentially therapeutic modality. There was no tear on a recent MRI. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder Arthroscopy; debridement, lysis of adhesions, MUA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Surgery for adhesive capsulitis; Manipulation under anesthesia

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 been met. This patient presents with continued loss of passive and active range of motion in the post-operative period despite on-going conservative treatment, including physical therapy, home exercise, and corticosteroid injection. Passive and active abduction is limited to 90 degrees. Given the documented failure of conservative treatment, this request is medically necessary.