

Case Number:	CM15-0025369		
Date Assigned:	02/17/2015	Date of Injury:	08/19/2014
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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
 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 42 year old male, who sustained an industrial injury on August 19, 2014. He has reported a slip and fall injury to the right should and left elbow. The diagnoses have included impingement syndrome, and frozen shoulder. Treatment to date has included 8 completed physical therapy sessions, activity modification, medications, trigger point injection, chiropractic treatment, radiological imaging, and a home exercise program. Exam note 12/30/14 demonstrates pain in the right shoulder. Examination demonstrates forward flexion and abduction to 95 degrees. Positive impingement sign and abduction sign is noted. He has good strength in rotation and abduction. The records indicate a computed tomography scan of the right shoulder was completed on November 20, 2014, which reveals no rotator cuff tear. On January 13, 2015, Utilization Review non-certified arthroscopic subacromial decompression with manipulation under anesthesia with possible arthroscopic mini open rotator cuff repair, and pre-operative medical clearance including complete blood count, basic metabolic panel, and electrocardiogram with [REDACTED]. The ODG guidelines were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of arthroscopic subacromial decompression with manipulation under anesthesia with possible arthroscopic mini open rotator cuff repair, and pre-operative medical clearance including complete blood count, basic metabolic panel, and electrocardiogram with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic subacromial decompression, right shoulder w/ manipulation under anesthesia w/ possible arthroscopic/mini open rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder 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 from 12/30/14. Until a conservative course of management has been properly documented, the determination is for non-certification.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol, Health care protocol, Bibliographic source(s) Card R, Sawyer M, Degnan B, Harder K, Kemper J, Marshall M, Matteson M, Rocmer R, Schuller-Bebus G, Swanson C, Stultz J, Sypura W, Terrell C, Varela N. Perioperative protocol, health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar. 124 p. [124 references].

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.

Pre-op Labs CBC, BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Perioperative lab testing.

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.

Pre-op: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back.

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.