

Case Number:	CM15-0210761		
Date Assigned:	10/29/2015	Date of Injury:	07/17/2014
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/26/2015

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 47 year old male who sustained an industrial injury 07-17-14. A review of the medical records reveals the injured worker is undergoing treatment for right shoulder pain and adhesive capsulitis of the shoulder. Medical records (09-30-15) reveal the injured worker complains of pain with day-to-day activities and continues to struggle with some range of motion issues. The physical exam (09-30-15) reveals decreased range of motion of the right shoulder with tenderness over the biceps. Cuff strength is rated at 5/5. Prior treatment includes physical therapy and right shoulder surgery. The treating provider reports the plan of care as a right shoulder manipulation followed by an arthroscopic lysis of adhesions, and associated services. The original utilization review (10-09-15) non-certified the right shoulder manipulation followed by an arthroscopic lysis of adhesions, and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder manipulation under anesthesia, arthroscopic lysis of adhesions, rotator cuff repair versus debridement: Upheld

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

Workers' Compensation (ODG-TWC) Shoulder Procedure Summary Online Version last updated 09/08/2015.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, surgery for rotator cuff repair.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 9/30/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 9/30/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. At the time of the exam on 9/30/15 rotator cuff strength was documented as 5/5. Therefore the determination is not medically necessary,

Post-op physical therapy (right shoulder) once per week for 12 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.

Associated surgical service: ultra-sling: 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.