

Case Number:	CM15-0217944		
Date Assigned:	11/09/2015	Date of Injury:	01/22/2014
Decision Date:	12/29/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/05/2015

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: Minnesota, Florida
 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 34-year-old female with a history of neck pain, right arm pain, and shoulder pain. Progress notes dated 1/23/2015 indicate a painful arc of motion in the right shoulder beginning at 90° of abduction but there was full range of motion present with no weakness. A complete shoulder examination was not done. The provider did not believe that she would be a surgical candidate for either the neck or the shoulder. A spine consultation was requested for the neck. On 3/9/2015, the provider was suspecting an impingement syndrome that may need decompression. The range of motion of the right shoulder was reported as 180° of abduction and no weakness. There was no restriction of motion documented. The pain at that time was in the neck, right arm, and right shoulder extending into the right upper back. On 4/20/2015, there was a painful arc of abduction in the right shoulder beginning at 80° of abduction but again, there was no restriction of motion. The documentation from 5/18/2015 indicates that the MRI of the right shoulder of 5/6/2014 was essentially normal. There was also a prior MRI of the cervical spine of 11/3/2014 but the results were not documented. On 7/27/2015 there was increased pain reported in the right side of neck with occasional numbness and tingling in the right palm and lateral arm. An orthopedic consultation of 8/24/2015 is noted. The chief complaint was right shoulder pain, stiffness and weakness. Examination of the right shoulder revealed 70% active and 80% passive range of motion with a 30° internal rotation contracture. She had a very painful arc of motion in abduction greater than forward flexion. There was impingement present. She was tender to palpation over the acromioclavicular joint. Rotator cuff testing was 5/5 with the exception of supraspinatus which was 4+ out of 5. X-rays of the right

shoulder revealed severe acromioclavicular degenerative changes. MRI of the right shoulder dated 6/6/14 demonstrated distal supraspinatus tendinosis. There was a type II-III acromion with moderate acromioclavicular degenerative changes. A diagnostic injection into the subacromial space was documented to result in 100% acromioclavicular joint relief and 50% impingement testing relief. A home exercise program and physical therapy was advised. An earlier report of 7/23/2015 documents full range of motion of the right shoulder. A request for right shoulder arthroscopic capsular release, debridement, and subacromial decompression was noncertified by utilization review because the only limitation of motion was the internal rotation contracture. The reviewer opined that based upon the severity of acromioclavicular arthritis on the x-rays, a Mumford procedure would be more appropriate rather than just simple decompression. This had not been requested. The capsular release was not necessary, as the only restriction was the internal rotation contracture. This had been documented on one examination while other providers found full range of motion in the shoulder. CA MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic capsule release, debridement, and subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Surgery for adhesive capsulitis, partial claviclectomy.

Decision rationale: ODG guidelines indicate that adhesive capsulitis is considered self-limiting and conservative treatment is a good long-term treatment regimen for the same. The guidelines state that it is currently unclear as to whether there is a difference in the clinical effectiveness of an arthroscopic capsular release compared to manipulation under anesthesia in patients with recalcitrant idiopathic adhesive capsulitis. The quality of evidence available is low and the data available demonstrate little benefit. As such, a capsular release is not recommended. In this case, the only limitation documented was the internal rotation contracture found on one examination but the records do not document any other restriction of motion to support the diagnosis of adhesive capsulitis. California MTUS guidelines indicate the surgery for impingement syndrome is subacromial decompression. Conservative treatment with corticosteroid injections and physical therapy should be carried out prior to surgical considerations. Based upon the documentation provided, subacromial decompression would be indicated. In addition, ODG guidelines recommend partial claviclectomy for severe acromioclavicular arthritis with inferiorly projecting osteophytes which have also been documented. The request as stated is for right shoulder arthroscopic capsular release, debridement, and subacromial decompression. Since the capsular release is not supported, the medical necessity of the surgical request as stated has not been substantiated.

Associated surgical service: Surgical assistant (PA): 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 surgical procedure is not medically necessary, none of the associated surgical requests are applicable.