

Case Number:	CM15-0032669		
Date Assigned:	02/26/2015	Date of Injury:	12/02/2010
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/20/2015

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 37-year-old female patient who sustained an industrial injury on 12/02/10, relative to repetitive work activities. She was diagnosed with cervical sprain, thoracic outlet syndrome, bilateral upper extremity radiculopathy/neuropathy, bilateral ulnar neuritis, and left shoulder sprain/strain with possible underlying shoulder derangement, labral tear. Conservative treatment included physical therapy, pool therapy, home exercise program, medications, left shoulder injections, and activity modification. The 4/15/11 left shoulder MRI impression documented minor supraspinatus tendinopathy without evidence of a tear. There was a probable full thickness SLAP tear best seen in the posterosuperior labrum. The 1/26/14 treating physician report cited left shoulder complaints. Left shoulder range of motion was slowly better over the past 1.5 years with diligent daily stretching. Persistent difficulty was noted with overhead lifting. Physical exam documented active range of motion of elevation 120, abduction 90, and external rotation 45 degrees with internal rotation to T10. Passive elevation was 160 degrees. There was left trapezius tenderness to palpation. Hawkin's, Neer's, and apprehension tests were negative. Speed's and O'Brien's were positive. Rotator cuff strength was 5/5. The diagnosis was adhesive capsulitis, superior glenoid labrum lesion, and thoracic outlet syndrome. The treatment plan recommended left shoulder arthroscopy with lysis of adhesions, manipulation under anesthesia, and SLAP debridement. A request was made for left shoulder arthroscopy, cold therapy unit rental 7 days, post-operative physical therapy 12 sessions, and a sling. On 02/04/15, utilization review non-certified the requested surgery and associated requests. The rationale for non-certification indicated there was no documentation of failure to

respond to injections. The California MTUS and ODG guidelines were cited. On 02/20/2015, the injured worker submitted an application for independent medical review of requested services. The 2/10/15 treating physician appeal report stated that the injured worker had two corticosteroid injections in the left shoulder with good temporary benefit relative to improved range of motion and reduced pain. She had on-going left shoulder pain with pushing, pulling and reaching. The left shoulder lacked abduction past 80 degrees, although she could pull it further with her right hand. Surgery for labral tear repair was planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy lysis of adhesions, manipulation and SLAP debridement:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 (ODG) Shoulder: Surgery for adhesive capsulitis; Manipulation under anesthesia (MUA); Surgery for SLAP lesions.

Decision rationale: The California MTUS guidelines do not provide surgical recommendations for adhesive capsulitis or SLAP lesions. 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. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have been met. This patient presents with persistent function-limiting left shoulder pain and loss of range of motion, with abduction up to 90 degrees. Clinical exam findings are consistent with imaging evidence of a full thickness SLAP tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including corticosteroid injections, and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical service: Cold therapy unit rental x 7 days: Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cold Compression Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Continuous flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for up to 7 days, including home use. This request is consistent with guidelines and is medically necessary.

Post-op physical therapy 3 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for adhesive capsulitis suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. Guideline criteria for initial post-op physical therapy have been met. Therefore, this request is medically necessary.

Associated surgical service: Bregg Slingshot 3: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213.

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Slings are recommended as an option for patients with acromioclavicular separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. Guideline criteria have been met. The use of a post-operative sling is generally indicated. Therefore, this request is medically necessary.