

Case Number:	CM15-0037994		
Date Assigned:	03/06/2015	Date of Injury:	03/25/2013
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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 59-year-old male who sustained an industrial injury to the left shoulder on 3/25/13. Past surgical history was positive for a left shoulder rotator cuff repair on 12/5/13, with some post-op physical therapy and return to work 2 weeks after surgery. The 4/12/14 left shoulder MRI impression documented evidence of a new small SLAP tear, the labra are otherwise intact. There was minimal supraspinatus and infraspinatus tendinosis, with no visible tear of the rotator cuff tendons. The 12/10/14 medical legal report recommended additional physical therapy and corticosteroid injections for the left shoulder. Surgery was not recommended at this time. The 1/9/15 treating physician report cited persistent left shoulder pain associated with functional limitations in arm strength and motion. Physical exam documented mild flattening over the infraspinatus and supraspinatus muscles with tenderness to palpation to the acromioclavicular joint, lateral margin of the acromion, greater tuberosity, and parascapular muscles. Left shoulder range of motion was documented as flexion 110, abduction 100, extension 30, adduction 20, external rotation 40, and internal rotation 40 degrees. There was pain at all end points. Neers and Hawkins tests were positive. There was 3/5 muscle strength. The diagnosis was left shoulder postsurgical pain, question of SLAP lesion by MRI, and possible postsurgical stiffness. The 4/12/14 MRI was reviewed and showed a well-healed rotator cuff repair and type I acromion status post decompression. A small SLAP lesion was not seen. The treatment plan recommended surgical intervention with assessment of post-operative stiffness and attempted manipulation, assessment of SLAP lesion, and possible evaluation of adhesions in the subacromial space, and re-evaluation of the rotator cuff. The treatment plan included left

shoulder manipulation under anesthesia versus capsular release/lysis of adhesions with arthroscopy, evaluation and treatment of possible SLAP tear, and treatment of encountered pathologies, physician assistant, and postoperative physical therapy three times a week for four weeks, cradle sling/abduction pillow, and cold therapy unit (Polar care). The 2/3/15 utilization review non-certified a request for left shoulder surgery and associated requests as there was no documented the patient had undergone an appropriate course of treatment for adhesive capsulitis, including aggressive physical therapy/exercise combined with steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder manipulation under anesthesia VS. Capsular release/lysis of adhesions with arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for adhesive capsulitis; Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. 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 not been met. This patient presents with persistent function-limiting left shoulder pain. Exam findings documented limited motion (abduction 100 degrees) that has improved slowly with time and home management. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, with physical therapy and injection, and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Associated service: Evaluation and treatment of possible superior labral tear, treatment of encountered pathologies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 SLAP lesions.

Decision rationale: The California MTUS guidelines do not provide surgical recommendations for SLAP lesion repair. The Official Disability Guidelines 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 not been met. This patient with persistent function-limiting left shoulder pain and limited function. There is no clear evidence of a SLAP tear on imaging. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Associated service: Physician assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman care guidelines, 12th addition, American College of Surgeon et al. Physicians at Assistants at surgery 2002 study, American academy of Orthopedic Surgeons, Surgical Assistant Procedure Coverage.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule, Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-op physical therapy three times four visits: Upheld

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

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

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Polar care unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: As the surgical request is not supported, this request is not medically necessary.

Cradle sling/abduction pillow shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Postoperative abduction pillow sling.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.