

Case Number:	CM15-0038850		
Date Assigned:	03/09/2015	Date of Injury:	10/19/2013
Decision Date:	08/04/2015	UR Denial Date:	02/27/2015
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: New York
 Certification(s)/Specialty: Neurological 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 69 year old male, who sustained an industrial injury on 10/10/2013. He reported left hand crush injury. The injured worker was diagnosed as having adhesive capsulitis of the shoulder and other affections of shoulder region, not elsewhere classified. Treatment to date has included arthroscopic left shoulder surgery on 8/26/2014, post-operative physical therapy (34 visits to date on 1/19/2015), left hand surgery 10/29/2014, and medications. On 1/13/2015 (most recent progress report submitted), the injured worker complained of continued pain with range of motion, status post left shoulder arthroscopy and corrections. Pain was not rated. He was attending physical therapy and doing home exercises. He was documented as doing moderately well, with persistent pain. He received an injection and reported a 50% post-injection relief of bicipital pain. The rationale for the requested surgical intervention to the left shoulder, pre-operative diagnostics, and post-operative physical therapy, was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder redo arthroscopy and bursocopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nbi.nlm.nih.gov/pubmed/11774136.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter-arthroscopy; surgery for adhesive capsulitis.

Decision rationale: The documentation does not contain an explanation of what pathology the provider expects to find or to make better by surgery. The ODG guidelines note that surgery for adhesive capsulitis is under study and that conservative treatment is a good long term regiment. The physical examination records good abduction and adduction with more limited internal and external rotations. The requested treatment: Left shoulder redo arthroscopy and bursoscopy is not medically necessary and appropriate.

Probable redo capsular release, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Acromioplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter: Capsular release (arthroscopic) see Surgery for adhesive capsulitis.

Decision rationale: The documentation does not contain an explanation of what pathology the provider expects to find or to make better by surgery. The ODG guidelines note that surgery for adhesive capsulitis is under study and that conservative treatment is a good long term regiment. The physical examination records good abduction and adduction with more limited internal and external rotations. The requested treatment: Probable redo capsular release, left shoulder is not medically necessary and appropriate.

Excision capture lesions, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/14884191.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter. Capsular release, see Surgery for Adhesive Capsulitis.

Decision rationale: The documentation does not contain an explanation of what pathology the provider expects to find or to make better by surgery. The ODG guidelines note that surgery for adhesive capsulitis is under study and that conservative treatment is a good long term regimen. The physical examination records good abduction and adduction with more limited internal and external rotations. Documentation does not provide evidence of where and what capture lesions are for the requested procedure. The requested treatment: Excision capture lesions left shoulder is not medically necessary and appropriate.

Preoperative electrocardiogram (EKG): 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.

Preoperative chest x-ray: 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.

Unspecified blood labs: 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.

Postoperative physical therapy 2 times a week for 6 weeks to the left shoulder: 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.