

<b>Case Number:</b>	CM15-0040415		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 54-year-old female who sustained an industrial injury on 5/5/12. Injury was reported due to cumulative trauma. Past surgical history was positive for right lateral epicondylar debridement and repair of the common extensor tendon on 1/9/13. She underwent right shoulder arthroscopic rotator cuff repair, subacromial decompression, partial acromioplasty, and debridement of the glenohumeral joint on 2/8/14, and right shoulder manipulation under anesthesia with corticosteroid injection on 11/20/14. The 9/18/14 right shoulder MRI impression documented no rotator cuff or labral tear was identified, and tracks were seen within the humeral head consistent with prior surgical fixation. There was moderate acromioclavicular joint arthritis. Records indicated that the patient was provided 24 post-op physical therapy visits and used a Dynasplint for one week. The 11/18/14 through 1/6/15 treating physician reports do not document specific range of motion loss or response to therapy. Medications included Norco, Ibuprofen, Omeprazole, and Clonazepam. The 1/27/15 treating physician report cited bilateral shoulder pain, especially the right, with limited and painful range of motion. She also complained of bilateral elbow pain, more the left, with some numbness and tingling and reduced range of motion. Right shoulder exam documented diffuse tenderness to palpation with positive Neer and Hawkin's tests. The treating physician stated that the patient was 3½ months status post right shoulder manipulation under anesthesia. Range of motion had regressed to what it was before the manipulation. The treatment plan recommended right shoulder arthroscopy for capsular release and lysis of adhesions, since the manipulation under anesthesia failed to maintain the range of motion. Associated surgical requests included pre-operative labs, cold

therapy unit for 10 days, continuous passive motion (CPM) unit for 7 days, and 24 sessions of post-op physical therapy. Authorization was requested for a corticosteroid injection to the left elbow lateral epicondyle for her severe lateral epicondylitis at the time of right shoulder surgery. The patient was prescribed omeprazole 20 mg #60. The 2/18/15 utilization review denied the request for right shoulder arthroscopy for capsular release and lysis of adhesions and associated surgical requests based on no MRI evidence of adhesive capsulitis, and no detailed range of motion evaluation with comparison between active and passive range of motion. The request for omeprazole was denied based on no documented evidence that the patient had any guideline risk factors for gastrointestinal events.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right shoulder arthroscopy for capsular release and lysis of adhesions: Upheld**

**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.

**Decision rationale:** The California MTUS guidelines do not provide surgical recommendations for adhesive capsulitis. 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. Guideline criteria have not been met. This patient presents with persistent right shoulder pain and reports of limited range of motion. The treating physician reports since manipulation under anesthesia have not documented active and/or passive range of motion, improvement with surgery or therapy, or patient compliance/response to conservative treatment. There is no imaging evidence to support the medical necessity of capsular release of lysis of adhesions. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is not medically necessary at this time.

#### **Pre operative labs: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

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

**Cold therapy unit rental for 10 days:** Upheld

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

**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.

**CMP machine rental for 7 days:** 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 passive motion (CPM).

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

**Post op physical therapy 3 x 8:** 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.

**Left elbow lateral epicondyle cortisone injection to be performed at the time of the right shoulder surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23-25.

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 and 69.

**Decision rationale:** The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as omeprazole, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drugs (e.g., NSAID + low-dose aspirin). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria have not been met. This patient is taking ibuprofen but there is no documentation in the file of other risk factors, or complaints of medication-induced dyspepsia to support the medical necessity of this medication. Therefore, this request is not medically necessary.