

Case Number:	CM15-0044968		
Date Assigned:	03/16/2015	Date of Injury:	10/09/2012
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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: California
 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 45 year old male, who sustained an industrial injury on October 9, 2012. The injured worker was diagnosed as having right shoulder rotator cuff tear, right frozen shoulder and cervical herniated nucleus pulposi with radiculopathy. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), rotator cuff repair and physical therapy. A progress note dated January 15, 2015 the injured worker complains of right shoulder pain with stiffness and pain in scapula and upper back. Physical exam provides decreased range of motion (ROM) with spasm and tenderness. Magnetic resonance imaging (MRI) studies were reviewed with possible disagreement with findings noted. The plan includes cervical spine consult with possible epidural steroid injection and right shoulder arthroscopy with associated aftercare.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder video arthroscopy, manipulation with possible rotator cuff repair revision:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Shoulder (updated 10/31/14) Diagnostic arthroscopy, Manipulation under anesthesia (MUA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery for adhesive capsulitis.

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the ODG Shoulder section, surgery for adhesive capsulitis, "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." The guidelines recommend an attempt of 3-6 months of conservative therapy prior to contemplation of manipulation and when range of motion remains restricted (abduction less than 90 degrees). In this case, there is insufficient evidence of failure of conservative management in the notes submitted from 1/15/15. Until a conservative course of management has been properly documented, the request is not medically necessary.