

Case Number:	CM15-0045130		
Date Assigned:	03/16/2015	Date of Injury:	04/19/2009
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
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: 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 61-year-old male who sustained an industrial injury on 4/19/09. Injury occurred when he was riding a horse and the horse lowered his head, pulling the injured worker's right shoulder. Past surgical history was positive for a left clavicle and multiple rib fractures on 2/28/11 relative to a fall off a horse. Past surgical history was positive for left shoulder arthroscopy on 1/13/12. He underwent right shoulder arthroplasty on 7/16/13. He developed weakness and loss of right upper extremity functional following surgery, and underwent a right suprascapular nerve decompression on 7/1/14. The 10/7/14 medical legal report cited intermittent grade 6-7/10 pain, increased with heavy lifting, pushing, pulling, and at shoulder level activities. He was unable to raise his right arm above shoulder level due to immobilization (weakness) not pain. Physical exam documented a well-healed scar, no tenderness, negative impingement tests, and no evidence of anterior, posterior or inferior instability. Range of motion testing documented flexion 95, abduction 85, external rotation 90, extension 60, and adduction 60 degrees, with internal rotation to L1. Upper extremity muscle testing was 3+/5 in all groups. Upper extremity sensation and deep tendon reflexes were intact. The agreed medical examiner felt the patient was incompletely rehabilitated following the total shoulder replacement with profound residual deficits in range of motion and strength. Additional physical therapy was recommended. The 11/3/14 right shoulder x-rays documented the right shoulder prosthesis in place with well-seated components. Records indicated that a 1/17/15 progress report reported a loss in motion and inability to lift his arm over his head. Range of motion was reported 110 degrees in active and passive elevation, with abduction 45 and external rotation 40 degrees. He was able to internally

rotate to his belly but could not do a normal belly press. The injured worker desired to return to work as a jockey but could not get his hand over his head or get comfortable on a horse. Shoulder manipulation was contraindicated, and arthroscopic release was opined as the best option. The 2/4/15 utilization review non-certified the request for right shoulder arthroscopic release and suprasubclavian nerve decompression at the subacromial notch and 1 to 2 day inpatient stay. The rationale noted that the patient had previously undergone suprasubclavian nerve decompression surgery and there was no current discussion to support the medical necessity of this part of the procedure. Additionally, shoulder arthroscopic surgery was generally an outpatient procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic and release and right shoulder supra-scapular nerve decompression at subacromial notch: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints 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.

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. Guideline criteria have not been met. This patient presents status post right total shoulder arthroplasty and suprascapular nerve decompression, with significant loss of range of motion. There are no current exam findings of strength, sensation or reflexes to evidence nerve compression. There is no documentation of imaging or electrophysiologic evidence of nerve compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including a discussion of post-operative rehabilitation, and failure has not been submitted. Therefore, this request is not medically necessary.

1-2 Days Inpatient: 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); Shoulder (Acute & Chronic) Procedure Summary: length of stay guidelines (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Hospital length of stay (LOS).

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