

Case Number:	CM15-0087747		
Date Assigned:	05/11/2015	Date of Injury:	05/02/2013
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/07/2015

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 38-year-old female who sustained an industrial injury on 5/2/13. Injury occurred when she was working as a certified nursing assistant and turned to catch a patient starting to fall. She underwent left shoulder arthroscopy, debridement and acromioplasty on 10/10/13. The 3/12/14 left shoulder MR arthrogram revealed a tear of the supraspinatus tendon extending into the infraspinatus tendon. She underwent left shoulder arthroscopy debridement revision, acromioplasty and rotator cuff repair on 5/13/14. The 11/18/14 initial treating physician report cited constant grade 6-7/10 left shoulder pain, increasing to severe levels with movement. She had failed to improve since surgery despite physical therapy. Prior corticosteroid injection reportedly worsened her pain. Physical exam documented left shoulder active range of motion as flexion 90, abduction 70, and external rotation 40 degrees, and internal rotation to the hip pocket. Passive range of motion testing documented 125 degrees of flexion and abduction. She had pain with impingement maneuvers I and II, and pain with isolated supraspinatus testing. There was diffuse pain throughout the upper extremity. Grip strength was 65 pounds left and 70 pounds right. There was non-dermatomal subjective numbness in the small finger. The treatment plan recommended a cervical MRI to rule-out nerve root impingement causing symptoms into the left upper extremity. A corticosteroid injection was recommended for diagnostic and therapeutic purposes. Medications were prescribed to include Naproxen, Dendracin cream, Tramadol, and omeprazole. The 12/9/14 treating physician report indicated that the injured worker was very resistant to any kind of corticosteroid injection in the shoulder as she felt they made her worse. Physical exam was unchanged. The 2/3/15 treating physician report indicated that the injured

worker presented for follow-up of left shoulder and neck pain. The cervical MRI was essentially normal. Updated shoulder imaging was recommended. The 3/2/15 left shoulder MR arthrogram impression stated that in the area previously reported as a supraspinatus and infraspinatus tear, there was heterogeneous increased T2 weighted signal with some irregularity likely related to prior tendon repair but adjacent tendinopathy or an element of injury in this area could not be excluded. There was no full thickness tear or myotendinous retraction, or muscular fatty atrophy. There was mild increased T2 weighted signal in the biceps anchor that could represent mild tendinopathy. The 3/10/15 treating physician report cited left shoulder signs and symptoms, pain tolerance, physical therapy, and objective findings consistent with adhesive capsulitis. Range of motion was documented as forward flexion to 100 degrees and passively to 105 degrees. Active external rotation was 90, abduction 10, and internal rotation 10 degrees. MRI was reviewed and showed tendinopathy with no full thickness tears. The treatment plan recommended examination under anesthesia with manipulation under anesthesia and arthroscopic capsulotomy. Authorization was also requested for 8 visits of post-operative physical therapy, medical clearance, and a spinal Q-vest and posture shirt for the left shoulder. The 4/24/15 utilization review non-certified the examination under anesthesia with manipulation under anesthesia and arthroscopic capsulotomy and associated surgical requests as there was no detailed documentation of aggressive physical therapy/exercise paired with injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Examination under anesthesia with possible manipulation under anesthesia and arthroscopic capsulotomy for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter, Manipulation Under Anesthesia (MUA).

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: Diagnostic arthroscopy; Surgery for adhesive capsulitis; Manipulation under anesthesia.

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 (ODG) state that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. The ODG state that surgery for adhesive capsulitis and manipulation under anesthesia are 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. 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 been met. This injured worker presents with constant moderate to severe right shoulder pain with significant loss of functional ability that

has been refractory to conservative treatment. Clinical exam findings are consistent with adhesive capsulitis. Imaging demonstrated some findings of tendinopathy but could be considered inconclusive. Evidence of at least 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical services: Physical therapy (2x4) for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 212, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter - Physical Therapy.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for adhesive capsulitis suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This request for physical therapy is consistent with guideline recommendations for initial post-operative treatment. Therefore, this request is medically necessary.

Associated surgical services: Spinal Q-vest and posture shirt for the left shoulder (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213.

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated and would generally support the use of a post-operative sling. There is no compelling reason to support the medical necessity of a posture brace for this injured worker. There is no discussion of a postural deficit. Therefore, this request is not medically necessary.

Associated surgical services: Medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on the plausible long-term use of non-steroidal anti-inflammatory drugs and the risks of undergoing anesthesia. Therefore, this request is medically necessary.