

Case Number:	CM15-0088755		
Date Assigned:	05/13/2015	Date of Injury:	08/17/2011
Decision Date:	06/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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: Minnesota, Florida
 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 50 year old female, who sustained an industrial injury on 8/17/2011. She reported acute onset of right shoulder pain. Diagnoses include right shoulder rotator cuff tear, status post right shoulder arthroscopy 7/2/14, and bilateral upper extremity overuse syndrome with possible carpal tunnel syndrome. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of right shoulder pain, rated 5/10 VAS. On 3/30/15, the physical examination documented decreased range of motion and decreased strength of the right shoulder. There was also numbness in bilateral hands. The provider documented she was seven month status post rotator cuff repair and progressive decline in range of motion. The plan of care included outpatient right shoulder arthroscopy with debridement and manipulation under anesthesia with an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Shoulder Arthroscopy with debridement and manipulation under anesthesia with assistant surgeon: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210. Decision based on Non-MTUS Citation ODG, Section: Shoulder, Topic: Manipulation under anesthesia.

Decision rationale: The injured worker is a 46-year-old female with a date of injury of 8/17/2011. The disputed issue is repeat arthroscopy of the right shoulder with debridement and manipulation under anesthesia with Assistant surgeon. The date of utilization review decision is April 9, 2015. The injured worker slipped and fell on 8/17/2011 and injured her right wrist, right shoulder, neck and upper back. She underwent right shoulder arthroscopy with subacromial decompression and rotator cuff repair of a dorsal full-thickness anterior portion rotator cuff tear, on 7/2/2014. On 2/24/2015, she was 7 months post surgery on the right shoulder and not making progress. Flexion was 100 and abduction 90. External rotation was 90 and internal rotation 60. Supraspinatus strength was 4/5 and external rotations strength was 5 minus/5 the diagnosis was arthrofibrosis. A right shoulder arthroscopy with debridement and manipulation under anesthesia was requested. The documentation does not include a postoperative MRI scan indicating the necessity for additional surgical intervention. An orthopedic consultation of April 3, 2015 is noted. The range of motion of the right shoulder was as follows: Flexion 150, extension 20, abduction 145, adduction 20, internal rotation 70, external rotation 55. California MTUS guidelines indicate surgical considerations for clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The documentation provided does not include imaging studies documenting a surgical lesion. Furthermore, the range of motion reported at the time of the last examination of April 3, 2015 does not meet the ODG criteria for manipulation under anesthesia. Abduction was 145 at that time. ODG criteria indicate manipulation under anesthesia for abduction of 90 or less. As such, the request for arthroscopy of the right shoulder with debridement and manipulation under anesthesia with assistant surgeon is not medically necessary or supported.