

Case Number:	CM14-0141456		
Date Assigned:	09/10/2014	Date of Injury:	12/13/2012
Decision Date:	10/31/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year old claimant who sustained a vocational injury on 12/13/12, when he was loosening up an oil drain on a tractor plug, it snapped and he experienced bilateral shoulder pain. The report of an MRI of the right shoulder on 07/21/14, showed moderate supraspinatus and infraspinatus tendinosis. There was a super and post-focal low-grade intrasubstance partial-thickness tear of the infraspinatus tendon at the footprint, 5 millimeters in the AP direction. Subscapular tendon showed high-grade, possibly full-thickness oblique tear of the upper and mid-fibers near the lesser tuberosity, mild intra-articular biceps longhead tendinosis and moderate acromia clavicular joint and osteoarthritis. The office note available for review dated 08/05/14, documented that the claimant had no significant improvement of his pain. Physical examination revealed 5/5 strength, he was neurovascularly intact, had 160 degrees of forward flexion and 90 degrees of abduction and had a weakness of his cuff. Conservative treatment to date has included narcotics, Tramadol, anti-inflammatories (although no specific anti-inflammatory has been documented), Cortisone injection of the right shoulder with significant relief in February 2013 and attended four out of five physical therapy sessions. The claimant was diagnosed with left shoulder rotator cuff tendinopathy and right shoulder adhesive capsulitis. The current request is for a right shoulder arthroscopy, manipulation under anesthesia and a capsule release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with capsular release.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Surgery for adhesive capsulitis

Decision rationale: The California ACOEM, as well as Official Disability Guidelines note that prior to proceeding with surgical intervention for shoulder pathology, there should be three to six months of conservative treatment which is even more important than the setting of adhesive capsulitis. Documentation suggests the claimant had an injection back in February 2013, but there is no documentation that a recent injection has been given. In addition, the information regarding the injection of February 2013 did not clearly state the anatomical location of the injection which would be pertinent to know prior to considering medical necessity for surgery. Documentation also suggests the claimant only had four out of five sessions of formal physical therapy and there is a lack of documentation that the claimant has been actively participating in an aggressive home exercise program. Based on the Official Disability Guidelines, surgery for adhesive capsulitis is understudy given the fact that there is conflicting evidence that surgical intervention for adhesive capsulitis is superior to aggressive conservative non-operative treatment. Therefore, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for Right shoulder arthroscopy with capsular release is not medically necessary and appropriate.