

Case Number:	CM14-0146186		
Date Assigned:	09/12/2014	Date of Injury:	08/24/2012
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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:

36-year-old male claimant with an industrial injury dated 08/24/12. The patient is status post right shoulder surgery with a repair of a torn subscapularis tendon and a Bankart lesion as of 03/08/13. Exam note 07/01/14 states the patient returns with right shoulder pain and stiffness. Upon physical exam the patient had a range of motion of 80° forward flexion, 65° abduction, 45° external rotation and internal rotation. Additionally, he had a forward flexion that increased to 125° and his abduction increased to 105° in which was limited with pain. The patient has a 3/5 motor strength and motor testing was limited with pain. The patient also had pain with impingement, Hawkins and cross arm tests. The patient is diagnosed with right shoulder impingement syndrome, right shoulder acromioclavicular joint derangement/arthritis, right frozen shoulder, right shoulder biceps tendinitis, right shoulder extensive partial-thickness tear of subscapularis tendon. Treatment includes a right shoulder manipulation under anesthesia and arthroscopic subacromial decompression, partial acromioplasty, distal clavicle excision, possible proximal biceps tendodesis, and subscapularis tendon debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right shoulder manipulation under anesthesia and arthroscopic subacromial decompression and partial acromioplasty, distal clavicle excision, possible proximal biceps tendodesis and subscapularis tendon debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute&Chronic), Manipulation under anesthesia (MUA), Indication for Surgery-Acromioplasty, Surgery for rotator cuff tears, Criteria for Bicep Tenodesis,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, 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." In this case there is insufficient evidence of failure of conservative management in the notes submitted from 7/1/14. Until a conservative course of management has been properly documented, the request is not medically necessary.

1 cold unit: 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) Continuous-Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

1 pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

12 post-operative occupational therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

1 post operative CPM machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG0 Continuous Passive Motion (CPM) Shoulder (Acute&Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

1 post operative ultra sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

1 labs to include CBC, SMA 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care, Preoperative Tests, National Institute for Clinical Excellence (NICE);2003 Jun., page 108

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.