

<b>Case Number:</b>	CM14-0146535		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

This case involves a 52 year old male injured worker with an industrial injury dated 01/31/13. The patient is status post an arthroscopic SLAP repair and bicep tendon repair as of 05/06/13. Exam note 08/13/14 states the patient returns with pain and lack of mobility of the left shoulder. The patient had pain when completing a range of motion test; however, the range of motion is noted as 35' internal rotation, full flexion and full range of motion. The rotator cuff exam is a 5/5 and the fluoroscopy exam provides evidence of prior subacromial decompression and Mumford. The patient was diagnosed with adhesive capsulitis, and superior glenoid labrum lesions. Treatment includes a left shoulder arthroscopic capsule release, decompression, excision of capture lesions, and post-op physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopic capsule release, decompression, excision of capture lesions, bursoscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Official Disability Guidelines (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 non-steroidal anti-inflammatory drugs (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 8/13/14. In addition, the patient is noted to have full forward flexion. Therefore, this request is not medically necessary.

**Post-operative physical therapy 2 x 6 (total: 12 visits):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.