

Case Number:	CM14-0148845		
Date Assigned:	09/18/2014	Date of Injury:	11/01/2011
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/12/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Alaska and Texas. 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:

The injured worker is a 29-year-old male who reported an injury on 11/01/2011 due to an unknown mechanism. Diagnoses were adhesive capsulitis of shoulder, cervicalgia, and other affections shoulder region. Diagnostic studies were MRI of the cervical spine that revealed minimal annular bulging at the C5-6 and C6-7. No cord compression or nerve root impingement. EMG revealed no evidence of cubital tunnel entrapment at the Guyon's canal or peripheral polyneuropathy. Cervical spine x-ray revealed mild C5-6 disc space narrowing. All neural foramina were patent. The remaining disc spaces were well maintained. Past surgical history on 06/16/2012, the injured worker had left shoulder arthroscopic Bankart repair with 3 bio absorbable anchors and non-absorbable braided suture. On 03/21/2013, the injured worker had left shoulder passive forward flexion, arthroscopic global capsular release, subacromial decompression, and removal of 3 sutures. Physical examination on 08/27/2014 revealed the injured worker was doing the home exercise program every day. There were still complaints of left shoulder pain and left upper extremity weakness. The pain was rated a 6/10. Examination of the left shoulder revealed abduction to 110 degrees with painful arch and painful in point, active forward flexion was to 160 degrees with a painful arch of motion that demonstrated an internal rotation contracture of approximately 10 degrees. Rotator cuff exam was 5/5, except for the supraspinatus, which was 4/5 with pain on isolation and loading. Treatment plan was for left shoulder arthroscopy and bursoscopy, redo capsular release, excision capture lesions, and probable redo decompression another corrections determined at the time of the arthroscopy and bursoscopy. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-Operative Physical Therapy sessions: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Left Shoulder Arthroscopic and Bursoscopy, Redo capsule release, excision of capture lesions, redo decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Impingement tests, Surgery for adhesive capsulitis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for Adhesive Capsulitis

Decision rationale: The decision for Left Shoulder Arthroscopic and Bursoscopy, Redo capsule release, excision of capture lesions, redo decompression is not medically necessary. The Official Disability Guidelines state surgery for adhesive capsulitis is understudy. 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 adhesion for cases failing conservative treatment. Study results support the use of physical therapy and injections for patients with adhesive capsulitis. The latest UK Health Technology Assessment on management of frozen shoulder concludes that arthrographic distension (also called hydrodilatation), which involves controlled dilatation of the joint capsule under local anesthetic with sterile saline or other solution such as local anesthetic or steroid, guided by radiological imaging (arthrography), needs more study. There is insufficient evidence to draw conclusions about the efficacy of distension (arthrographic or non-arthrographic) for frozen shoulder. In conclusion, few studies of distension were identified and only single studies of different comparisons were available. The Official Disability Guidelines state that physical therapy and injections are recommended for adhesive capsulitis. When conservative treatment has failed, then surgery may be considered. Per the provided documentation the injured worker underwent arthroscopic global capsular release, subacromial decompression, and removal of 3 sutures on 03/21/2013. The injured worker underwent conservative care including injections and physical therapy following the surgery. The injured worker has findings indicative of frozen shoulder upon physical examination and has exhausted conservative treatment; however, the most recent MRI included within the documentation was performed in 2012. Updated imaging to assess the injured worker's shoulder would be indicated prior to surgical intervention. The clinical information submitted for review

does not provide evidence to justify a left shoulder arthroscopic and bursoscopy surgery. Therefore, this request is not medically necessary.