

Case Number:	CM14-0173170		
Date Assigned:	10/24/2014	Date of Injury:	02/14/2011
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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 Arizona. 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 56-year-old male who sustained an injury on 2/14/2011 from falling over construction straining on the job. As a result of the fall, he injured his left shoulder. In 2011 he underwent arthroscopic surgery on that shoulder and repair of the rotator cuff. On 10/29/2013 because of stiffness of the shoulder, he underwent a second arthroscopy for debridement and lysis of adhesions and manipulation under anesthesia. He is past history includes type 2 diabetes. Shoulder motion is limited to 90 of abduction, on June 20 degrees of forward flexion, and internal rotation to the sacroiliac joint. The patient also has a moderately severe carpal tunnel syndrome in the left hand. The patient has had 2 arthroscopic surgeries, physical therapy, and medication; however, the shoulder is still painful and stiff. A request is made for a third arthroscopic procedure for debridement, lysis of adhesions, and manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy possible arthrotomy, debridement, lysis of adhesions, manipulation outpatient: Upheld

Claims Administrator 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder, surgery for adhesive capsulitis

Decision rationale: The ACOEM guidelines state that surgical consultation may be indicated for red flag conditions, activity limitations for more than 4 months, plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise program plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, and both the short and long-term from surgical repair. This patient does not have a red flag condition. Surgery for release of adhesive capsulitis is still under study. There is some evidence of support arthroscopic release of adhesions for cases following failed conservative treatment. However this patient has failed arthroscopic surgery for ease of capsulitis and therefore there is no evidence to suggest that he now the arthroscopic procedure will be of any benefit. In addition according to the guidelines there is no clinical or imaging evidence that adhesive capsulitis has been shown to benefit from arthroscopic surgery. Therefore the medical necessity for arthroscopic surgery with debridement and lysis of adhesions and manipulation has not been established.

Associated surgical services: pre-op labs including BMP and CBC with diff: 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.

Associated surgical services: pre-op EKG: 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.

Associated surgical services: pre-op chest x-ray: 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.

Associated surgical services: Post-op CPM (continuous passive motion): 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.

Associated surgical services: post-op Norco #40: 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.

Associated surgical services: post-op physical therapy 3 x 4: 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.