

<b>Case Number:</b>	CM14-0190996		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Minnesota. 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 65 year old female with a history of neck and right upper extremity pain. She was injured on 8/21/12 when a carton fell on her right shoulder. She has some radicular paresthesias in the right upper extremity and also has some weakness in the right arm and hand. Progress note of 10/24/2014 documents right shoulder flexion of 110 degrees, abduction 90 degrees, external rotation 30 degrees and internal rotation 20 degrees. There were no impingement signs. Magnetic resonance imaging (MRI) scan of the right shoulder dated 3/5/2014 revealed a small non-retracted full thickness tear of the anterior portion of the supraspinatus tendon and moderate hypertrophic changes of the acromioclavicular joint. Magnetic resonance imaging (MRI) scan of the cervical spine revealed bulging discs at C4-5, C5-6, and C6-7. The disputed issue pertains to a request for a capsular release for adhesive capsulitis. This was non-certified by Utilization Review citing MTUS and ODG guidelines recommending Physical Therapy for adhesive capsulitis, the negative impingement testing, and absence of a clear surgical indication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic Capsular Release, Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Web Edition Shoulder (Acute & Chronic), Surgery for Adhesive Capsulitis

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Surgery for Adhesive Capsulitis

**Decision rationale:** California MTUS guidelines support an exercise program for range of motion and strength along with corticosteroid injections as a part of a conservative treatment program. ODG guidelines indicate adhesive capsulitis is a self-limiting condition and conservative treatment is a good long term treatment regimen. If there is failure to improve the range of motion there is some evidence to support arthroscopic release of adhesions with a physical therapy program. Based upon the guidelines a long term supervised exercise program combined with corticosteroid injections is indicated before surgical considerations. The medical necessity of the requested arthroscopic capsular release is not supported per guidelines; therefore, the request is not medically necessary.