

Case Number:	CM14-0202673		
Date Assigned:	12/15/2014	Date of Injury:	04/01/2012
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/04/2014

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:

47-year-old female claimant with reported industrial injury of April 1, 2012. The patient is status post a right shoulder arthroscopy with subacromial decompression performed on October 22, 2013. The patient underwent a right shoulder rotator cuff repair. Exam note November 7, 2014 demonstrates complaints of constant pain in her right shoulder with radiation into the right upper back and right biceps. Limited range of motion is noted in the right arm. Pain is aggravated by overhead reaching activities, lifting, carrying, pulling carrying activities. Report states she is unable to sleep on the right side. Examination of the right shoulder demonstrates no asymmetry of the shoulder joints or gross atrophy of the musculature of the shoulder joints. Range of motion is noted to have 85 of flexion, 44 of extension with weakness secondary to pain. Diagnosis is made of right shoulder arthroscopy with current adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Debridement right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Online Edition, Shoulder chapter, Diagnostic arthroscopy

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: CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the ODG Shoulder section, surgery for adhesive capsulitis, "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." The guidelines recommend an attempt of 3-6 months of conservative therapy prior to contemplation of manipulation and when range of motion remains restricted (abduction less than 90 degrees). In this case there is insufficient evidence of failure of conservative management in the notes submitted from 11/7/14. Until a conservative course of management has been properly documented, the request is considered not medically necessary.