

Case Number:	CM14-0214219		
Date Assigned:	01/07/2015	Date of Injury:	09/29/2012
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 56-year-old female who reported an injury on 09/29/2012. The mechanism of injury was a fall. She has a history of shoulder pain. On 11/03/2014, the injured worker was seen for surgical authorization. The worker continued to complain of bilateral shoulder pain, lumbar spine pain that radiated into the lower extremities, and right knee pain with catching, locking and instability. Upon exam there were spasms and tenderness over the paravertebral musculature of the cervical and lumbar spine with decreased range of motion of both. Range of motion in abduction less than 100 degrees on the right and approximately 120 degrees on the left. Impingement and Hawkins sign are strongly positive bilaterally. The knee has patellar crepitus on flexion and extension with medial and lateral joint line tenderness and positive McMurray's test. The patient is declining subacromial injection in the right shoulder and states they were of little benefit and she wishes to have a more permanent solution to her ongoing disability and pain. The injured worker was continued with work restrictions. The request is for right shoulder arthroscopy with SAD, MUA, arthroscopic capsular release, and postop physical therapy x12. The Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy w/SAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

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

Decision rationale: The request for Right shoulder arthroscopy w/SAD is not supported. The injured worker had a history of The ODG criteria for diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitations continue despite conservative care. The patient had less than 100 degrees of abduction, degeneration changes were noted of the subacromial joint which is unchanged since the previous study. The imaging report in the clinical findings does not support the surgery. As such, the request for Right shoulder arthroscopy w/SAD is not medically necessary.

MUA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation under anesthesia (MUA).

Decision rationale: The request for MUA is not supported. The injured worker has a history of shoulder pain. The ODG states that MUA is under study as an option in adhesive capsulitis. There should be last at least 3 to 6 months of conservative care. The MRI of the right shoulder from 09/27/2013 described postoperative changes with mild bursitis and tendonitis. Degenerative changes were noted at the acromioclavicular joint which is unchanged since the previous study. Imaging report and clinical findings do not support MUA. As such, MUA is not medically necessary

Arthroscopic Capsular Release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

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 request for Arthroscopic Capsular Release is not supported. The injured worker has a history of shoulder pain. The ODG states that Arthroscopic Capsular Release is under study as an option in adhesive capsulitis. There should be last at least 3 to 6 months of conservative care. The MRI of the right shoulder from 09/27/2013 described postoperative changes with mild bursitis and tendonitis. Degenerative changes were noted at the acromioclavicular joint which is unchanged since the previous study. Imaging report and clinical findings do not support Arthroscopic Capsular Release. As such, Arthroscopic Capsular Release is not medically necessary.

Post op physical therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.