

Case Number:	CM14-0215916		
Date Assigned:	01/05/2015	Date of Injury:	03/07/2014
Decision Date:	03/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/23/2014

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 64 year old male was injured on 3/7/14 while lifting some heavy boxes in his role as a truck driver sustaining sudden pain at the anterior superior aspect of his left shoulder. There was no radiation of pain at the time but he was limited in his ability to do overhead positioning and vigorous lifting/pushing pulling with the left hand and arm. Since the injury the injured worker was treated with activity modification, anti-inflammatory and pain medications, physical therapy and home exercise program. On 5/19/14 he received a left shoulder corticosteroid injection that did diminish his pain and improved his range of motion. None of these treatments afforded much improvement in symptoms. The significant past medical history included diabetes, ankylosing spondylosis, polio and sleep apnea. His diagnoses included biceps tendinitis of the left shoulder, symptomatic acromioclavicular arthritis of the left shoulder, possible post injury capsulitis of the left shoulder, diabetes, ankylosing spondylitis, sleep apnea and obesity. On palpation of the left shoulder there was significant focal tenderness anterolaterally and at the acromioclavicular joint. The shoulder range of motion is normal as well as strength and tone of musculature. Neer's Test, Hawkin's Sign, Speed's Test and Yergason's Tests were positive. The right shoulder was normal but passive range of motion was limited significantly compared to the active range of motion. All testing was negative on the right shoulder. Radiographs of the left shoulder (5/19/14) revealed advanced acromioclavicular arthritis and acromion, otherwise unremarkable; MRI (4/25/14) revealed rotator cuff tendinosis without evidence of specific rotator cuff tear, significant arthritis was noted impinging on the supraspinatus musculotendinous junction, soft tissue edema about the acromion and possible tear of the coracoid humeral and coracoid humeral ligaments and

bursitis with fluid about the synovial sheath with the biceps tendon. On 8/4/14 the injured worker sustained an unrelated stroke with residual diminished functional use of his left upper and lower extremities. He was experiencing constant, moderate to severe burning pain in the left shoulder; his range of motion of the left shoulder is that he cannot move the left shoulder because of the pain. The pain is limiting his quality of life on a day to day basis and inhibiting his progress and rehabilitation of the left upper extremity after his stroke. The radiographs indicate left shoulder arthroscopy with capsular release and distal clavicle resection. The injured worker remains off work. On 11/19/14 Utilization Review (UR) non-certified the request for left shoulder arthroscopy, capsular release with manipulation, decompression based on the treatment not meeting medical necessity guidelines per MTUS postop guidelines, ACOEM Chapter 9 and ODG shoulder. A full thickness tear was not established; clinical impingement signs were not demonstrated on physical exam. In addition there was note of stroke residuals and previous polio that needed further explanation. In addition there was no current injections and /or PT/HEP (home exercise program) noted; no documentation of supracapsular nerve block for pain relief and PT; no subacromial or glenohumeral injection in conjunction with PT. There is clear lack of exhaustion of conservative care. Because an adverse determination was rendered for surgery, an adverse determination for associated pre-operative clearance and post-operative medications and physical therapy are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, capsular release with manipulation, decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- adhesive capsulitis, manipulation under anesthesia; Indications for surgery- acromioplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211,213. Decision based on Non-MTUS Citation Section: shoulder, Topic; Surgery for adhesive capsulitis, manipulation under anesthesia.

Decision rationale: With regard to left shoulder arthroscopy and subacromial decompression, California MTUS guidelines indicate that surgical intervention such as acromioplasty provides no clinically important effects over a structured and supervised exercise program alone in terms of subjective outcome of cost effectiveness when measured at 24 months. ODG guidelines indicate that 80% of these patients will get better without surgery. Treatment should be directed towards gaining range of motion which requires both stretching and strengthening to balance the musculature. In the presence of significant residuals from the left hemiplegia, strengthening the musculature will be difficult. However, additional recovery may be expected. Furthermore, surgical intervention requires clear clinical and imaging evidence of a lesion that has been shown to benefit both in the short-term and long-term from surgical repair. An exercise rehabilitation program for 3-6 months in combination with 3 corticosteroid injections should be carried out prior to surgical considerations for a partial thickness tear, impingement syndrome, or adhesive capsulitis. In a questionnaire completed by the injured worker on December 15, 2014 he states that he has 0 pain at rest. Activities or positions that make the pain worse are lying down and

some movement. This is associated with weakness due to the residuals from the stroke as well as stiffness due to the adhesive capsulitis. ODG guidelines indicate it is currently unclear as to whether there is a difference in the clinical effectiveness of an arthroscopic capsular release compared to manipulation under anesthesia in patients with recalcitrant idiopathic adhesive capsulitis. The guidelines recommend 3-6 months of conservative care with use of physical therapy and injections prior to manipulation under anesthesia or any surgical intervention. The documentation provided does not indicate a comprehensive rehabilitation program with injections and physical therapy over a period of 3-6 months with failure. As such, the request for arthroscopy with decompression and capsular release and manipulation under anesthesia is not supported by guidelines and the medical necessity is not substantiated.

Associated surgical services: post-op pain medication Norco 7.5/325mg, #60 (1-2 tabs for pain as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Surgery for adhesive capsulitis, Manipulation under anesthesia.

Decision rationale: The requested surgery is not medically necessary. Therefore the post-operative medication will not be needed.

Associated surgical services: Post-op physical therapy 3 times a week for 2 weeks and then 2 times a week for 3 weeks for a total of 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Surgery for adhesive capsulitis, Manipulation under anesthesia.

Decision rationale: The requested surgery is not medically necessary. Therefore the post-operative physical therapy is also not medically necessary.