

<b>Case Number:</b>	CM14-0219299		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 52-year-old male who reported an injury on 06/11/2013. He was using a shaker when he slipped on the floor. On 08/26/2014, the injured worker was status post right shoulder arthroscopy, right shoulder biceps tenotomy, right shoulder arthroscopic rotator cuff repair of subacromial tendon, right shoulder subcoracoid decompression, subacromial decompression, right shoulder open subpectoral biceps tenodesis. An MRI of the right upper extremity, performed on 09/11/2014, revealed prior biceps tendon repair and labral tear or degeneration post repair. On 12/19/2014, the injured worker presented for a re-evaluation of the right shoulder. Provider noted that the injured worker is suffering from postoperative stiffness that limits his motion, especially in the posterior capsule. There was residual pain noted over the AC joint with degenerative changes. The injured worker continues to do home exercises 3 times a week and continues to stretch. Upon examination of the shoulder, there was good elevation but rotation limited with internal rotation, which is only 45 degrees. Difficulty reaching up in his back. His external rotation with the arm abducted was still limited compared to the contralateral side. There was pain over the AC joint and pain with cross body adduction. There was intact strength to the rotator cuff and biceps. The diagnoses were status post right shoulder rotator cuff and biceps repair which are stable, postoperative stiffness especially posterior tightness, and residual AC joint arthritis. The treatment plan included a right shoulder arthroscopy with capsular release and distal clavicle resection. Rationale was due to the injured worker suffering from postoperative stiffness limiting his motion, especially in the posterior capsule. The Request for Authorization form was not included in the medical documents for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient right shoulder arthroscopy with capsular release, debridement and distal clavicle excision:** 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 Outpatient right shoulder arthroscopy with capsular release, debridement and distal clavicle excision is not medically necessary. The Official Disability Guidelines state that this type of surgery is under study. 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. There is lack of documentation of previous courses of conservative therapy the injured worker underwent. There is no evidence of injections or physical therapy. Additionally, the injured worker is noted to have 5/5 strength. More research is needed to support this type of surgery. As such, medical necessity has not been established.