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| Case Number: | CM15-0116877 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 10/08/2013 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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, Indiana, Oregon
 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:

The injured worker is a 42 year old male, who sustained an industrial injury on 10/08/2013, while employed as an accountant. He reported feeling a pop in his left shoulder while moving a box. The injured worker was diagnosed as having bicipital tenosynovitis. Treatment to date has included diagnostics, left shoulder arthroscopy with extensive debridement intra-articularly with posterior cuff tear as well as glenoid arthritis, subacromial decompression with CA ligament release, acromioplasty, as well as distal clavicle excision in 1/2014, left shoulder posterior superior labral repair with chondral debridement in 8/2014, physical therapy, injections, home exercise program, and medications. On 3/23/2015, the injured worker complains of left shoulder stiffness and continued pain, with no changes since his last visit. Physical exam noted forward flexion actively to 90 and passively to 160, improved from previous visit. External rotation was 60. He was to continue home exercise program. His work status was total temporary disability. The treatment plan included left shoulder arthroscopic biceps tenodesis and possible manipulation under anesthesia with capsular release, post-operative physical therapy x12, left shoulder sling, and pre-operative medical clearance, including history and physical, labs, and electrocardiogram. An Agreed Medical Examination (4/23/2015) recommended a second surgical opinion (performed 4/30/2015), noting conservative and surgical options. Diagnostic radiographs were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic biceps tenodesis and possible manipulation under anesthesia with capsular release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Surgery for impingement syndrome, Indications for Surgery-Acromioplasty, Surgery for adhesive capsulitis, Surgery for ruptured biceps tendon, Manipulation under anesthesia.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for adhesive capsulitis. Per ODG shoulder section, the clinical course of this condition is self-limiting. There is insufficient literature to support capsular distention, arthroscopic lysis of adhesions/capsular release or manipulation under anesthesia (MUA). The requested procedure is not recommended by the guidelines and therefore is not medically necessary.

Post-operative physical therapy 2 times a week for 6 weeks to the left/lower arm, left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Purchase of sling for the left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-operative labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-operative electrocardiogram (EKG): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-operative H&P: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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