

<b>Case Number:</b>	CM15-0117055		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

The injured worker is a 41 year old female, who sustained an industrial injury on 06/01/2012. According to a consultation report dated 03/17/2015, the injured worker was seen for evaluation of her left shoulder. She had been having problems for about two years that she felt was related to repetitive stress at her job working on a production line. She had no treatment on the shoulder. She had taken Motrin. An MR arthrogram of the left shoulder performed on 08/09/2013 revealed evidence of tendinosis of the supraspinatus. Physical examination of the left shoulder demonstrated forward elevation to about 90 degrees, external rotation to 30 degrees and internal rotation to the buttock level. Acromioclavicular joint was tender. Greater tuberosity and proximal biceps were tender. Rotator cuff strength was 4/5 in the infraspinatus, supraspinatus and subscapularis all with tendon signs. Impingement test was positive. Plain radiographs of her left shoulder revealed mild arthritic changes of the greater tuberosity and subacromial space. Assessment was noted as left shoulder pain with possible adhesive capsulitis. The treatment plan included a cortisone injection and a course of physical therapy. The injured worker did not want to do the injection because she was feeling under the weather. Physical therapy would be two times a week for six weeks. She was to follow up in a week to do the injection, then in one month following the injection. If she did not respond to an injection, then consideration was going to be made for manipulation under anesthesia with arthroscopic lysis of adhesions with possible decompression and debridement and treatment of any rotator cuff or labral pathology in either arthroscopic or mini open fashion. On 03/30/2015, the injured worker underwent a cortisone injection to her left shoulder. The provider noted that she had not yet begun formal

physical therapy. According to a progress report dated 05/18/2015, the injured worker was still struggling with her left shoulder. She reported that the cortisone injection helped for about a week. Physical examination demonstrated forward elevation only to about 90 degrees, external rotation to about 20 degrees and internal rotation to the thigh. Acromioclavicular joint was tender. Greater tuberosity and proximal biceps were tender. The plan was to go forward with manipulation under anesthesia with arthroscopic lysis of adhesions, decompression and debridement and possible clavicle excision. If the inflammation was severe, the distal clavicle excision would not be done. The provider noted that prescriptions were given for a limited supply of narcotic medication, a limited supply of antibiotics, antiemetic medication to reduce incidence of nausea, stool softener to reduce incidence of constipation and vitamin C to promote healing to be taken postoperatively. The provider also noted that physical therapy would be required after the procedure. Currently under review is the request for one left shoulder surgery with possible labral repair, possible rotator cuff repair, subacromial decompression, distal clavicle excision, debridement, manipulate, lysis and resect adhesion, Keflex 500 mg #12, Zofran 4 mg #10 and 16 visits of physical therapy for the left shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) left shoulder surgery with possible labral repair, possible rotator cuff repair, subacromial decompression, distal clavicle excision, debridement, manipulate, lysis and resect adhesion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

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

**Decision rationale:** The injured worker has clinical evidence of adhesive capsulitis with negative recent shoulder x-rays and painful restricted range of motion. An MR arthrogram of the shoulder in the year 2013 had revealed some tendinosis of the supraspinatus but was otherwise negative. California MTUS guidelines indicate surgical considerations for activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. In this case, the clinical evidence is suggestive of adhesive capsulitis with limitation of motion and pain. There is no imaging evidence of a rotator cuff tear, labral tear, or acromioclavicular arthritis. There is no documentation of failure of an exercise rehabilitation program with physical therapy and injections for 3-6 months for impingement syndrome. As such, the guidelines do not support arthroscopy with subacromial decompression, rotator cuff repair, labral repair, or resection of the lateral clavicle. According to ODG guidelines, manipulation under anesthesia is an option in adhesive capsulitis in cases that are refractory to conservative therapy lasting at least 3-6 months where range of motion remains significantly restricted such as abduction less than 90. The

clinical course of adhesive capsulitis is considered self-limiting and therefore conservative treatment including physical therapy, NSAIDs, and corticosteroid injections is a good long-term treatment plan. However, in cases failing conservative treatment, manipulation under anesthesia or arthroscopy with release of adhesions may be needed. In this case, the injured worker has not completed 3-6 months of physical therapy with an exercise rehabilitation program and 2-3 corticosteroid injections as recommended by guidelines. As such, the request for manipulation under anesthesia or arthroscopic lysis/resection of adhesions is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.

**Keflex 500 mg #12:** 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.

**Zofran 4 mg #10:** 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.

**16 visits of physical therapy 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.