

Case Number:	CM15-0125586		
Date Assigned:	07/10/2015	Date of Injury:	04/25/2014
Decision Date:	09/18/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	06/29/2015

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 48 year old female, who sustained an industrial injury on 04/25/2014. She has reported injury to the right shoulder. The diagnoses have included right shoulder adhesive capsulitis and impingement; and status post right shoulder manipulation under anesthesia with arthroscopic lysis of adhesions, arthroscopic subacromial decompression, and cortisone injection in the glenohumeral joint. Treatment to date has included medications, diagnostics, injection, physical therapy, and surgical intervention. Medications have included Vicodin, Tylenol, and Medrol Dosepak. A progress note from the treating physician, dated 05/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued right shoulder pain; she reports the same pain she had prior to surgery; she is almost seven months out from her right shoulder surgery; she has been doing therapy on her own; and she is worried that she is not improving. Objective findings have included decreased range of motion of the right shoulder; she is not making any significant improvements with her range of motion since the beginning of the year; assessment is continued adhesive capsulitis with possible labral tear versus post-surgical changes; and the MRI done on 05/06/2015, revealed tendinosis changes at the supraspinatus tendon and a complex tear of the posterosuperior glenoid labrum. The treatment plan has included the request is for right shoulder possible labral repair, debridement, manipulation, lysis and resect adhesions; post-operative physical therapy (16 sessions, 2 times a week for 8 weeks); post-operative Keflex 500mg, 1 cap 4 times a day, #12; post-operative Zofran ODT 4mg, 1 tab every 4-6 hours as needed, #10; post-operative Colace 100mg, 1 cap 2 times daily, #10; post-operative Ibuprofen 600mg, 1 tab 3 times

daily with food, #90; post-operative Vitamin C 500mg, 1 tab daily, #60; and post-operative Norco 7.5/325mg, 1-2 tab every 4-6 hours as needed, #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder possible labral repair, debridement, manipulation, lysis and resect adhesions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Surgery for SLAP Lesions.

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 (16-sessions, 2 times a week for 8 weeks): 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.

Post-Operative Keflex 500mg, 1 cap 4 times a day, #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.

Post-Operative Zofran ODT 4mg, 1 tab every 4-6 hours as needed, #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.

Post-Operative Colace 100mg, 1 cap 2 times daily, #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.

Post-Operative Ibuprofen 600mg, 1 tab 3 times daily with food, #90: 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.

Post-Operative Vitamin C 500mg, 1 tab daily, #60: 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.

Post-Operative Norco 7.5/325mg, 1-2 tab every 4-6 hours as needed, #50: 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.