MAXIMUS Federal Services

Case Number:	CM15-0169379		
Date Assigned:	09/10/2015	Date of Injury:	08/24/2012
Decision Date:	11/02/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/27/2015

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 male, who sustained an industrial injury on 8/24/2012. The injured worker was diagnosed as having partial tear of the rotator cuff, biceps pulley lesion and tear of the anterior labrum. The request for authorization is for: prospective request for one right shoulder arthroscopy, debridement, manipulation under anesthesia, subacromial decompression, distal clavicle excision, and biceps tenodesis; prospective request for one CPM machine; prospective request for one cold unit; prospective request for one pre-op labs; prospective request for 12 post-op physical therapy sessions. The UR dated: 8-12-2015, provided non-certification of prospective request for one right shoulder arthroscopy, debridement, manipulation under anesthesia, subacromial decompression, distal clavicle excision, and biceps tenodesis; prospective request for one CPM machine; prospective request for one cold unit; prospective request for one pre-op labs; prospective request for 12 post-op physical therapy sessions. On 2-10-2015, he reported being approved for State disability benefits. He is reported to have had surgery in March 2013 and has been taking Norco for management. His current pain is to the right shoulder which he indicated is worse without the use of Norco. He indicated he is unable to do his activities of daily living; however Norco makes the pain manageable where he is able to perform some of them as it reduces his pain to a moderate level. On 7-8-2015, he reported upper extremity pain of the right shoulder. He rated his pain 4-5 out of 10 with medications on average since his previous visit, and 6-8 out of 10 on average without medications since his previous visit. On 7-27-2015, he reported continued right shoulder issues. He is reported to not be working. He indicated his shoulder pain to be worsening. He is currently taking Cyclobenzaprine, Gabapentin, and Norco. He feels his shoulder is weaker and is unable to pull a seatbelt, shake hands. He has difficulty dressing, eating, and grooming. He is right arm

dominant. Physical examination revealed tenderness of the right shoulder, and painful passive range of motion. Apprehension and impingement tests were positive and due to pain a stability test was unable to be performed. He is noted to have fairly good rotator cuff strength. He rated his pain 10 out of 10. The treatment to date has included: Medications including Norco, home exercise program, and imaging. Diagnostic testing has included: MR arthrogram of the right shoulder (5-12-2014), x-ray of the right shoulder (2-26-14), CURES report (5-29-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right shoulder arthroscopy, debridement, manipulation under anesthesia, subacromial decompression, distal clavicle excision, and biceps tenedesis: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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.

One (1) CPM machine: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

One (1) cold unit: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

One (1) pre op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

12 post op physical therapy sessions: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.