MAXIMUS Federal Services

Case Number:	CM15-0171437		
Date Assigned:	09/14/2015	Date of Injury:	11/01/2011
Decision Date:	11/12/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/31/2015

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 40 year old female, who sustained an industrial injury on 11-1-11. The injured worker has complaints of right shoulder pain. The documentation on 4-29-15 noted that the right shoulder and has extreme difficulty with lifting, pulling and pushing activities. Her activities of daily living are being affected significantly and she can't sleep on the right shoulder. The loss of range of motion is getting worse progressively. The documentation noted that the injured worker complains of pain in the lower back along with radicular pain in the right lower extremity and she can't do heavy lifting, repetitive bending and stooping activities. Lumbar spine examination revealed there is tenderness to palpation over the lumbar spine, paravertebral muscles and there are muscle spasms and guarding. Range of motion is decreased with motion with flexion and extension. Straight leg raise is positive on the right at 20 degrees. There is hypoesthesia and numbness over the anterolateral aspect of the leg and in the calf region. Right shoulder examination revealed there is marked degree of tenderness over the suprascapular region and there is tenderness to palpation over the subacromial region. Range of motion for flexion is 115-120 degrees, abduction 100 degrees, internal, external rotation 60 degrees. Magnetic resonance imaging (MRI) of the right shoulder dated 10-21-14 revealed fluid in the subacromial region, as well as osteoarthritic changes in the acromioclavicular joint. Electromyography/nerve conduction velocity study on 10-31-14 showed right L5-S1 (sacroiliac) radiculopathy and there is no evidence of lumbar plexopathy is noted. Magnetic resonance imaging (MRI) of the lumbar spine on 10-21-14 revealed that the injured worker has a 4-5 millimeter disc at L5-S1 (sacroiliac) level and there is grade 11 anterolisthesis also noted

and there is narrowing of the neural foramina at L5-S1 (sacroiliac) level causing compression. The diagnoses have included other affections of shoulder region, not elsewhere classified. Treatment to date has included tramadol; zantac; extensive physical therapy treatment; non-steroidal anti- inflammatory medication and subacromial cortisone injection. The original utilization review (8- 12-15) non-certified the request for right shoulder arthroscopic examination and arthroscopic surgery with subacromial decompression and manipulation under anesthesia; associated surgical service, medical clearance; post-operative physical therapy visits x12; associated surgical service, sling and associated surgical service, 7 day rental of cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic examination and arthroscopic surgery with subacromial decompression and manipulation under anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation (ODG-TWC), Online Edition (2015): Shoulder chapter: Diagnostic arthroscopy, Indications for Surgery-Acromioplasty and Manipulation under anesthesia (MUA).

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.

Associated surgical service: Medical clearance: 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.

Post-operative physical therapy visits x12: 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.

Associated surgical service: Sling: 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.

Associated surgical service: 7 day rental of cold therapy 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.