

Case Number:	CM15-0172021		
Date Assigned:	09/14/2015	Date of Injury:	06/16/2013
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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, Oregon, Washington
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 63 year old male who sustained an industrial injury on June 16, 2013. A recent primary treating office visit dated August 12, 2015 reported: "he is suffering from frozen shoulder secondary to prior surgery." The following diagnoses were applied: disc protrusion cervical spine; disc protrusion lumbar spine, and frozen shoulder left. The plan of care noted recommendation for left shoulder arthroscopy; continue self-administered exercise, and over the counter medication. He is prescribed returning to a modified work duty. Previous treatment to include: Ultram, Ibuprofen, topical cream Zostrix. There is note at primary follow up in April 2015 of denial of a transcutaneous nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Diagnostic arthroscopy.

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

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 clinical information from 8/12/15 does not show evidence of adhesive capsulitis. Based on the above, the requested procedure is not medically necessary.