

Case Number:	CM15-0177343		
Date Assigned:	09/18/2015	Date of Injury:	05/01/2015
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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

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 39 year old female with an industrial injury dated 05-01-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder impingement and possible left shoulder frozen shoulder. Treatment consisted of X-rays, Magnetic Resonance Imaging (MRI), prescribed medications, physical therapy, activity modification and periodic follow up visits. Medical records (5-04-2015 to 08-27-2015) indicate ongoing left shoulder and upper arm pain. According to the progress note dated 08-27-2015, the injured worker reported worsened symptoms with radiating pain from the shoulder towards her elbow, limited range of motion and difficulty sleeping due to pain. The injured worker also reported that the medication is not helping. The injured worker rated her pain a 7-9 out of 10. Left shoulder range of motion (8-27-2015) revealed 30 degrees abduction, extension and adduction, 20 degrees external rotation and internal rotation and 40 degrees forward flexion. Physical exam also revealed crepitus with range of motion of the left shoulder, tenderness over the coracoacromial arch, positive Hawkin's test and Neer impingement sign, weakness of rotator cuff strength, positive Jobes test and positive for infraspinatus tendinopathy. X-ray of the left shoulder dated 07-16-2015 revealed no fractures, dislocations, masses or arthritic changes. Magnetic Resonance Imaging (MRI) of the left shoulder on 07-31-2015 revealed a type two curvature of the acromion process with acromioclavicular joint (AC) joint degeneration, representing moderate anatomical of tendinosis. The treating physician prescribed services for left shoulder manipulation under anesthesia with arthroscopic capsular release and possible subacromial decompression, post-operative shoulder abduction sling, post-operative physical

therapy to start 5 days after surgery to left shoulder 3 times a week for 4 weeks and associated surgical services; cardiac clearance due to heart disease and hypertension , now under review. The original utilization review (09-03-2015) denied the request for left shoulder manipulation under anesthesia with arthroscopic capsular release and possible subacromial decompression, post-operative shoulder abduction sling, post-operative physical therapy to start 5 days after surgery to left shoulder 3 times a week for 4 weeks and associated surgical services; cardiac clearance due to heart disease and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder manipulation under anesthesia with Arthroscopic capsular release and possible subacromial decompression: 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 section, surgery for adhesive capsulitis.

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the ODG Shoulder section, surgery for adhesive capsulitis, "Under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment." The guidelines recommend an attempt of 3-6 months of conservative therapy prior to contemplation of manipulation and when range of motion remains restricted (abduction less than 90 degrees). In this case there is insufficient evidence of failure of conservative management in the notes submitted from 8/27/15. Until a conservative course of management has been properly documented, the determination is not medically necessary.

Post-operative shoulder abduction sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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 to start 5 days after surgery to left shoulder 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services; Cardiac clearance due to heart disease and hypertension:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.