

Case Number:	CM15-0178620		
Date Assigned:	09/18/2015	Date of Injury:	02/25/2014
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/10/2015

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 61 year old male who sustained an industrial injury February 25, 2014. Past history included a left rotator cuff repair, acromioplasty, anterior-posterior capsule release and manipulation under anesthesia January 7, 2015. According to a treating orthopedic physician's notes dated June 18, 2015, the injured worker presented 5.5 months post-operative, reporting feeling better and still going to physical therapy. Physical examination revealed; actively, he can get his hand to the top of his head at about 6 inches above, accomplished with scapular assistance, supine he gets well above his head; the cuff appears to be functioning, although with stiffness; negative drop arm sign and negative empty can sign with flexion and abduction; with active flexion, painful catch at about 30 degrees; strength 4 to 4+ out of 5; good strength with resistance to internal and external rotation. The physician documents the injured worker has stopped showing improvement most likely due to subacromial adhesions and capsular tightness and feels an arthroscopic debridement-capsular release and manipulation is necessary. According to a treating physician's progress report dated August 11, 2015, the injured worker presented for a follow-up of pain in his left shoulder, rated as moderate with a decrease in range of motion. Examination revealed; well healed scars left shoulder; movement of the shoulder causes pain; range of motion is limited; active flexion 70 degrees, abduction 70 degrees; neurovascular function distal to the left shoulder appears intact. Diagnoses are impingement syndrome, left shoulder; internal derangement, left shoulder; fall from slipping; muscle spasm, left shoulder muscle. The treating physician documents the injured worker was a candidate for a second surgery and he agrees with the surgeon that the surgery should proceed.

At issue, is the request for authorization for arthroscopic debridement and cleanup of the left shoulder. According to utilization review dated August 28, 2015, the request for arthroscopic debridement and clean-up of the left shoulder is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Debridement and cleanup of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 8/11/15 does not show evidence of adhesive capsulitis. Based on the above, the requested procedure is not medically necessary.