

Case Number:	CM15-0038939		
Date Assigned:	03/09/2015	Date of Injury:	07/13/2005
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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 38 year old male, who sustained an industrial injury on July 13, 2005. He reported right shoulder pain after lifting something. The injured worker was diagnosed as having status post right shoulder arthroscopy, and status post anterior Bankhart repair. Treatment to date has included conservative treatment, cortisone injection, medications, and surgery. Currently, the injured worker complains of continued right shoulder pain. He reports having difficulty using his arm overhead and indicates he has only 50% lifting capability currently. In July 2014, his range of motion of the right shoulder/normal range of motion is noted to be: forward flexion 130 degrees/180 degrees, backward extension 20 degrees /50 degrees, internal rotation 90 degrees/90 degrees, adduction 30 degrees/50 degrees, external rotation 30 degrees/90 degrees, abduction 60 degrees/180 degrees. The right shoulder is noted to have pain with motion, and tenderness to touch. Exam note 1/30/15 demonstrates continued right shoulder pain with decreased range of motion. Forward elevation was noted to be 95 degrees with external rotation of 30 degrees and internal rotation to L5. Diagnostic imaging reports are not available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic capsular release and extensive debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for adhesive capsulitis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 1/20/15. Until a conservative course of management has been properly documented, the determination is for non-certification.

Pre operative labs CBC, CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre operative urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.