

Case Number:	CM15-0066757		
Date Assigned:	04/14/2015	Date of Injury:	04/14/2011
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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: Illinois, California, Texas
 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 52-year-old male who sustained an industrial injury on 4/14/11. Injury occurred while lifting a water heater that weighed approximately 70 pounds. The 11/25/14 orthopedic report cited grade 9/10 right shoulder pain with overhead activities, pushing, pulling, and lifting. Right shoulder exam documented mild to moderate tenderness over the deltoid. Range of motion was limited to flexion 50, extension 40, abduction 90, adduction 40, and internal/external rotation 80 degrees. Upper extremity strength was 5/5. The diagnoses included right shoulder internal derangement, rotator cuff syndrome, sprain/strain, and adhesive capsulitis. The treating physician stated the injured worker had an MRI 18 months prior that was negative for significant pathology. Because of the significant pain reported, an updated right shoulder MRI was requested to assess for any adhesive capsulitis or rotator cuff tear. The 2/12/15 treating physician report cited right anterior elbow, forearm, wrist, and hand pain. There was no report of right shoulder symptoms. Right shoulder range of motion was flexion 50, extension 20, abduction 70, adduction 0, internal rotation 10, and external rotation 20 degrees. Right shoulder flexion and abduction strength was 3/5. The diagnoses included right shoulder internal derangement, tendinitis, sprain/strain, and adhesive capsulitis. The treatment plan requested right shoulder arthroscopy. The 3/13/15 treating physician report cited complaints of global right upper extremity, cervicothoracic, and right knee pain. He reported global right upper extremity numbness and tingling bilaterally. He felt better with medication, rest, and physical therapy. Physical exam documented bilateral shoulder and arm tenderness to palpation, significant loss of right shoulder range of motion, and 3/5 right shoulder abduction and flexion strength. The

treatment plan recommended physical therapy 2 times a week for 3 weeks to the bilateral shoulders and left knee, and topical medications. The 3/17/15 utilization review non-certified the 2/12/15 request for right shoulder arthroscopy as there were no details regarding conservative treatment trial and failure, evidence of night pain or painful active range of motion, no documentation of positive provocative testing, and no imaging study documenting a surgical pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective right shoulder arthroscopy (2/12/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for adhesive capsulitis.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. MTUS guidelines do not provide surgical recommendations for adhesive capsulitis. The Official Disability Guidelines state that surgery for adhesive capsulitis is 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. Guideline criteria have not been met. This patient presents with global right upper extremity symptoms and significant loss of right shoulder range of motion. Clinical exam findings documented significant weakness but no provocative testing was reported. There is no imaging evidence documented in the files or reports to evidence a surgical lesion. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.