

Case Number:	CM15-0068504		
Date Assigned:	04/16/2015	Date of Injury:	08/15/2013
Decision Date:	05/21/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/10/2015

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: Minnesota, Florida

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 60 year old male who sustained a cumulative industrial injury on 08/15/2013. The injured worker was diagnosed with adhesive capsulitis of the right shoulder, lumbar sprain/strain, cervical spine sprain/strain and myospasm, bilateral carpal tunnel syndrome, and bilateral plantar fasciitis. Treatment to date includes conservative measures, diagnostic testing including magnetic resonance imaging (MRI) Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies, a right shoulder magnetic resonance imaging (MRI) arthrogram in February 2014, steroid injections, spica splints, physical therapy and medications. The injured worker is status post right shoulder surgery in August 2013 with documentation of continuing pain. There is electromyographic evidence of cervical radiculopathy. According to the primary treating physician's progress report on March 3, 2015, the injured worker reports frequent throbbing neck pain with stiffness, numbness, tingling and weakness radiating to the right arm. Examination of the cervical spine demonstrated painful decreased range of motion with tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii. The right shoulder and right elbow demonstrated painful range of motion with tenderness to palpation of the anterior, posterior and lateral right shoulder. Cozen's and Mill's signs cause pain. There was noted limited flexion of the right hand fingers with tenderness to palpation of the dorsal and volar wrist. According to the treating physician's progress report on March 23, 2015, the injured worker continues to experience low back pain with decreased range of motion and right sharp shoulder pain rated as 7/10. Current medications are listed as Percocet and Methoderm cream. Treatment plan includes continue medication regimen, physical therapy,

home exercise program and the current request for right shoulder arthroscopic release with manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic release with manipulation under anesthesia: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Surgery for adhesive capsulitis, manipulation under anesthesia.

Decision rationale: ODG guidelines indicate that surgery for adhesive capsulitis is under study. The clinical course of this condition is considered self-limiting and conservative treatment including 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. In cases that are refractory to conservative therapy lasting at least 3-6 months where range of motion remains significantly restricted such as abduction less than 90, manipulation under anesthesia may be considered. The injured worker underwent the right shoulder surgery on 8/16/2013. MRI of the right shoulder dated 2/24/2014 did not reveal a rotator cuff tear. There was tendinosis and bursitis noted. 3-6 months of physical therapy with injections and exercises is not documented. Recent range of motion is not documented although it is decreased and painful. As such, the request for arthroscopic surgical release and manipulation under anesthesia is not supported and the medical necessity of the request has not been established. Therefore, the requested medical treatment is not medically necessary.