

Case Number:	CM15-0070999		
Date Assigned:	04/21/2015	Date of Injury:	12/02/2014
Decision Date:	05/19/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/14/2015

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 47-year-old female who sustained an industrial injury on 12/02/14, due to repetitive lifting as a housekeeper. The 12/29/14 right shoulder MRI impression documented a partial thickness tear at the bursal surface of the supraspinatus tendon in the setting of extensive tendinosis. There was reactive marrow edema in the greater tuberosity and small effusion in the subacromial subdeltoid bursa. There was no evidence for adhesive capsulitis. The 4/2/15 treating physician report noted approval of a surgical request for right shoulder arthroscopic subacromial decompression, open distal clavicle excision, and possible rotator cuff repair. Surgery was on delay however due to anemia. She reported right shoulder and arm pain with any activity, especially reaching, overhead work or sleeping on the right shoulder. Physical therapy was painful and did not help. Corticosteroid injection provided temporary relief. Hydrocodone provided pain relief and improved function. Right shoulder exam documented pain beyond 85 degrees of flexion. External rotation was 80 degrees and internal rotation was 70 degrees. There was 4/5 external rotation weakness, anterior tenderness, clicking with rotation, and acromioclavicular joint tenderness with slight elevation of the distal clavicle. The diagnosis was right shoulder subacromial impingement and partial rotator cuff tear. The treatment plan recommended additional lab work. The 4/7/15 treating physician report indicated that her hemoglobin and hematocrit were up and she was feeling better. Subjective and clinical exam findings were unchanged from 4/2/15. Authorization was requested for arthroscopic lysis of adhesions, extensive debridement and manipulation. The 4/10/15 utilization review non-certified

the request for right shoulder arthroscopic lysis of adhesions, extensive debridement and manipulation as there was no evidence that aggressive conservative treatment had failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Arthroscopic lysis of adhesion, extensive debridement and manipulation of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for adhesive capsulitis; Manipulation under anesthesia (MUA).

Decision rationale: The California 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. Manipulation under anesthesia is under study as an option for adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered. Guideline criteria have not been met. This patient presents with function-limiting right shoulder pain. Clinical exam findings are consistent with imaging evidence of rotator cuff tear. There is painful arc of motion but no documentation of significantly restricted active/passive range of motion. Detailed evidence of at least 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Records documented a request for right shoulder impingement and rotator cuff surgery that had been approved. The medical necessity of this request for adhesive capsulitis surgery is not established. Therefore, this request is not medically necessary.