

Case Number:	CM15-0076945		
Date Assigned:	04/28/2015	Date of Injury:	01/05/2015
Decision Date:	06/29/2015	UR Denial Date:	03/29/2015
Priority:	Standard	Application Received:	04/22/2015

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:

This injured worker is a 45-year-old female who sustained an industrial injury on 1/05/15, relative to a slip and fall onto her right side. Past medical history was positive for hypertension, stroke (7/7/96), hyperthyroidism, and anxiety. The 1/22/15 right shoulder MRI impression documented mild tendinosis of the supraspinatus tendon, and subchondral cyst in the acromion adjacent to the acromioclavicular (AC) joint. The 1/28/15 initial orthopedic report cited grade 8/10 right shoulder pain that increased with activity. Right shoulder exam documented no evidence of rotator cuff atrophy, tenderness to palpation over the greater tuberosity in the area of the supraspinatus, and AC joint tenderness. Range of motion was reported within normal limits bilaterally. There was 5/5 shoulder strength bilaterally. Apprehension test was negative, crossover test was negative, and impingement tests were negative. Right shoulder x-rays revealed a type II acromion, a type II AC joint separation, and a slight widening of the AC joint with weights. The diagnosis included right shoulder 2nd degree AC joint separation and sprain/strain. The treatment plan recommended physical therapy 2x4 for the right shoulder. The 3/11/15 treating physician report cited ongoing grade 8/10 right shoulder pain associated with numbness, tingling and weakness to the right upper extremity. Pain was increased with sweeping, vacuuming, and reaching above her head. Physical exam documented tenderness to palpation over the AC joint, trapezius, and lateral deltoid. Passive range of motion demonstrated 90 degrees flexion, 80 degrees abduction, and internal/external rotation to 45 degrees. There was 4/5 global shoulder strength. A subacromial corticosteroid injection was provided to the right shoulder. The diagnosis included right shoulder tendinitis and adhesive capsulitis and right

shoulder AC joint separation. If the injured worker has not improvement in motion in 2 weeks, authorization would be requested for right shoulder surgery. The 3/12/15 physical therapy progress report indicated that this was the 7th visit. She reported improved movement and less pain following the injection. She was able to put her shirt on with less pain and difficulty and slept on her right side last night. Active right shoulder range of motion was 150 degrees flexion and abduction, 70 degrees external rotation, and internal rotation to L4. Passive range of motion documented flexion 150, abduction 160, and internal and external rotation 90 degrees. There was global 3-/5 weakness. Impingement testing was positive. The 3/23/15 treating physician report cited improvement in pain with the subacromial injection but no improvement in motion. Physical exam documented passive right shoulder range of motion as flexion 80 degrees, abduction 60 degrees, and internal/external rotation to 15 degrees. Authorization was requested for right shoulder arthroscopy with manipulation under anesthesia. Post-operative physical therapy was requested daily for 10 days, followed by 2x7 to a total of 24 visits. The 3/29/15 utilization review non-certified the right shoulder arthroscopy with manipulation and the associated surgical requests as there was no evidence of 3-6 months of conservative treatment and the recent physical therapy note documented range of motion no indicative of adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Manipulation: 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 Chapter, Surgery for Adhesive Capsulitis and Manipulation under Anesthesia Sections.

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.

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 injured worker was less than 3 months status postindustrial injury at the time of this request. She reported significant right shoulder pain with use. There was variable range of motion documented in the records presented with the most recent physical therapy report noting good range of motion and functional improvement following corticosteroid injection. Detailed evidence of 3 to 6 months 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 at this time.

Associated Surgical Services: Post-operative, Physical Therapy, 2 x 7, total 24 visits: Upheld

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

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.

Associated Surgical Services: Cold Compression Unit x 7 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Cold compression therapy.

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

Associated Surgical Services: SEWHO Shoulder Brace: Upheld

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

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.