

Case Number:	CM15-0090944		
Date Assigned:	05/15/2015	Date of Injury:	12/11/2012
Decision Date:	09/17/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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, Oregon, Washington
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 53 year old male, who sustained an industrial injury on December 11, 2012. The injured worker was diagnosed as having advanced osteoarthritis of the left shoulder, possible biceps or labral tear, synovitis, arthropathy, long thoracic nerve palsy with winging of the scapula and adhesive capsulitis. Treatment to date has included physical therapy, injection, home exercise program (HEP) and medication. A progress note dated April 16, 2015 provides the injured worker complains of left shoulder pain. Physical exam notes left shoulder tenderness to palpation, decreased range of motion (ROM), positive Hawkin's, Speed's and O'Brian's test with crepitus. The plan includes arthroscopy of left shoulder, medical clearance and post- op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with Lysis of adhesions manipulation under anesthesia, capsulotomy possible biceps tenodesis and labral resection for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for adhesive capsulitis. Per ODG shoulder section, the clinical course of this condition is self-limiting. There is insufficient literature to support capsular distention, arthroscopic lysis of adhesions/capsular release or manipulation under anesthesia (MUA). The clinical information from 4/16/15 does not show evidence of adhesive capsulitis. Based on the above, the requested procedure is not medically necessary.

Pre-op medical clearance to include CBC, basic metabolic panel and EKG: 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 - Criteria for Preoperative testing, general.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Post-op physical therapy three times a week for four weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.