

Case Number:	CM15-0092916		
Date Assigned:	05/19/2015	Date of Injury:	09/25/2014
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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: California, Indiana, Oregon
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 55-year-old male, who sustained an industrial injury on 9/25/2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include right shoulder traumatic rotator cuff tear, and labral tear, status post right shoulder arthroscopy 12/9/14. He does have a history of left shoulder surgery, date unknown. Treatments to date include NSAID and physical therapy. Currently, he complained of decreased right shoulder motion but increasing strength. On 4/20/15, the physical examination documented decreased right shoulder range of motion, positive drop arm test. The treatment diagnoses included instability of right shoulder joint aftercare for musculoskeletal system surgery and traumatic right rotator cuff tear. The provider documented a history of left shoulder adhesive capsulitis and developing right side loss of motion, suggested that the plan of care include right shoulder arthroscopy, lysis of adhesions, manipulation under anesthesia, and debridement, additional physical therapy right shoulder pending surgical intervention, and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy shoulder surgical; debridement, limited: 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).

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

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). In this case, the surgery approved is lysis of adhesions. Additional request for debridement (the same intent in this case) is not medically necessary.

Associated service: Additional physical therapy, right shoulder (pre-op): 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).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: 24 visits over 14 weeks. In this case, there is no functional improvement by definition as revision surgery is requested and approved. Based on this additional physical therapy is not medically necessary.