

Case Number:	CM15-0098965		
Date Assigned:	06/01/2015	Date of Injury:	07/09/2014
Decision Date:	07/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 58-year-old female who sustained an industrial injury on July 9, 2014. She has reported injury to the right shoulder and has been diagnosed with right shoulder rotator cuff tear and right shoulder adhesive capsulitis. Treatment had included medical imaging, physical therapy, and modified work duty. The injured worker had a 4 out of 5 rotator cuff testing. Range of motion was 0-90 degrees, abduction was 0-80 degrees, internal rotation 0-20 degrees, and external rotation was 0-20 degrees. MRI dated January 16, 2015 revealed full thickness tear of the distal supraspinatus tendon. There is associated mild atrophy of the muscle belly. There is moderate arthrosis of the acromioclavicular joint. The discussion and plan was for an arthroscopic rotator cuff repair and capsular release. The treatment request included an arthroscopic rotator cuff repair and capsular release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic rotator cuff repair and capsular release: 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.

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 shows does show evidence of adhesive capsulitis. Based on the above, the capsular release procedure is not medically necessary.

Post op physical therapy 2 x week x 8 weeks for the right shoulder: 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.

Post operative Don Joy ultra sling: 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.