

Case Number:	CM13-0008956		
Date Assigned:	12/11/2013	Date of Injury:	04/02/2013
Decision Date:	03/18/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 31-year-old gentleman who injured his right shoulder in a work related accident on 04/02/13. Clinical records reviewed indicated he was initially diagnosed with a "minimally displaced greater tuberosity" fracture to the proximal humerus after a fall onto a cement floor. A 05/14/13 orthopedic assessment with [REDACTED], stated continued complaints of pain about the shoulder with physical examination showing restricted abduction to 30 degrees, forward flexion to 45 degrees, internal rotation to 30, and absent external rotation. There was tenderness noted over the greater tuberosity and proximal humerus. Radiographs reveal a minimally displaced greater tuberosity fracture of the shoulder. He was diagnosed with a "frozen shoulder" and recommendations were for the continuation of medication management as well as a corticosteroid injection performed to the subacromial space at that time. Further follow-up with [REDACTED] on 07/02/13 stated the claimant did not benefit from the injection and continued to be with significant restricted range of motion to only 90 degrees of abduction and forward flexion, 60 degrees of internal and 20 degrees of external rotation. Based on the claimant's failed response to conservative care, a right shoulder manipulation under anesthesia with postoperative need for 18 sessions of physical therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Right Shoulder Manipulation under Anesthesia (MUA): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Procedure - Manipulation under anesthesia (MUA).

Decision rationale: California MTUS Guidelines only address surgical intervention in general terms indicating that there should be a failed response to conservative care, activity limitation, and the presence of a surgical lesion. When looking at Official Disability Guidelines criteria, manipulation under anesthesia is recommended as an option following treatment for adhesive capsulitis for three to six months while range of motion remains significantly restricted with documented abduction of less than 90 degrees. In this case, the claimant showed progress from range of motion exercises and injection therapy improving from 45 degrees of abduction to 90 degrees of abduction as of July 2013 assessment. Based on the claimant's significant improvement in motion and abduction documentation at 90 degrees and not less, the clinical criteria for manipulation under anesthesia cannot be supported based on Official Disability Guidelines.

Post-operative physical therapy (aggressive), three times a week for six weeks, to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Shoulder Procedure - Manipulation under anesthesia (MUA)

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