

Case Number:	CM13-0010117		
Date Assigned:	12/20/2013	Date of Injury:	02/15/1998
Decision Date:	01/30/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/12/2013

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 Surgery, 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:

57 year old female with date of injury 2/15/98. Patient status post procedure performed on 9/29/09 without description. Status post manipulation 8/31/10 with arthroscopy. Exam note 6/21/13 demonstrates complaint of pain in shoulder. No objective physical examination findings given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic debridement and manipulation of the left shoulder between 6/21/13 and 10/6/13: 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 rationale: According to the CA MTUS/ACOEM Guidelines regarding Manipulation under Anesthesia (MUA), "Recommended for Chronic Adhesive Capsulitis (Limited Evidence (C)). Manipulation under anesthesia is recommended for treatment of adhesive capsulitis in select patients. Indications: Adhesive capsulitis, especially moderate to severely affected patients with pain and loss of active motion who do not respond sufficiently to NSAIDs, injection(s), and hydrodilatation. Frequency / Dose: Generally, only 1 treatment performed;

adequate, safe monitoring of anesthesia is required." According to the ACOEM Guidelines regarding shoulder arthroscopy, "Diagnostic arthroscopy is recommended for evaluation of carefully select patients with shoulder pain, including subsequent, definitive operative approaches. Indications: One or more of the following: 1) rotator cuff tear with surgical indications with the expectation that surgical treatment will immediately follow arthroscopy (see below); 2) labral tear with surgical indications (see below); 3) impingement syndrome with surgical indications (see below); 4) other moderate or severe shoulder joint pain, acromioclavicular arthritis, or mechanical symptoms with substantially reduced ROM or functional impairment and failure to resolve with at least 1 trial of glucocorticosteroid injection and/or physical or occupational therapy (or exercise program)." In this case there is insufficient medical documentation in the records to warrant a shoulder arthroscopy and manipulation. There are no objective findings to support the procedure and no documentation of non surgical management. Therefore the determination is non-certification.