

Case Number:	CM13-0030236		
Date Assigned:	11/27/2013	Date of Injury:	09/18/2009
Decision Date:	08/06/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Internal Medicine 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 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/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:

Primary treating physician's progress report (PR-2) dated 09-09-2013 was submitted by [REDACTED]: Reviewed images from surgery I did repair basically the biceps anchor and the superior glenohumeral ligament only at the biceps anchor. Nothing anterior was tightened or repaired. Nonetheless, at this time he can reach back of his head, lacks 20 degrees of external rotation with arm at side compared to the left. FF or abducts 120 degrees. Have discussed MUA with him He does feel he would benefit from gaining more motion although he is able to function in ADL. Diagnoses: Joint stiffness shoulder, Joint pain shoulder. Date of Injury 9/18/2009. Treatment Plan: Please authorize MUA with regional block, outpatient. Will need PT immediately after to maintain motion gained. Request for Authorization for Medical Treatment (RFA) 10-09-2013 documented requested procedure: Left Shoulder Manipulation Under Anesthesia. PR-2 progress report 10-14-2013 documented: Patient has tried meds and PT without success. Utilization review decision date was 09-19-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MANIPULATION UNDER ANESTHESIA WITH REGIONAL BLOCK: 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 Non-MTUS Guideline.gov, Guideline Title: Shoulder (acute & chronic), Bibliographic Source: Work Loss Data Institute. Shoulder (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Jun 12.

Decision rationale: Medical treatment utilization schedule (MTUS) does not address manipulation under anesthesia (MUA). Work Loss Data Institute guidelines for the shoulder (acute & chronic) stated that Manipulation under anesthesia (MUA) is an intervention/procedure that is not specifically recommended. PR-2 progress report 09-09-2013 requested left shoulder manipulation under anesthesia. Work Loss Data Institute guidelines do not recommend manipulation under anesthesia (MUA) for shoulder conditions. Therefore, the request for 1 manipulation under anesthesia with regional block is not medically necessary.

UNKNOWN PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.

3. Postsurgical Treatment GuidelinesShoulder, Page(s): 46-47.

Decision rationale: Medical treatment utilization schedule (MTUS) 9792.24. 3. Postsurgical Treatment Guidelines, page 46-47, provides post-procedure physical medicine guidelines for shoulder conditions. PR-2 10-14-2013 reported that the patient has tried PT without success. PR-2 progress report 09-09-2013 requested shoulder manipulation under anesthesia, and PT immediately after to maintain motion gained. Manipulation under anesthesia (MUA) is not recommended. Therefore, post-procedure physical therapy (PT) is not medically necessary.