MAXIMUS Federal Services

Case Number:	CM13-0033821		
Date Assigned:	12/06/2013	Date of Injury:	04/09/2009
Decision Date:	02/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/10/2013

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 Texas. 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.

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 54-year-old female who reported an injury on 04/09/2009. The patient was diagnosed with adhesive capsulitis, supraspinatus tear and impingement syndrome. The patient was recently seen on 12/02/2013. Physical examination revealed 125 degrees of forward elevation, 30 degrees of external rotation, 55 to 65 degrees of internal and external rotation with abduction, 4/5 strength and positive Neer's and Hawkins testing. Treatment recommendations included authorization for a right shoulder arthroscopic capsular release with extensive debridement and gentle manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder (Acute & Chronic), Surgery.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. The patient has previously participated in physical therapy. Documentation of a significant

functional improvement following the initial course was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

Arthroscopy, shoulder surgical; with lysis and resection of adhesions, with or without manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder (Acute & Chronic), Surgery.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a referral for a surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength even after exercise programs and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The Official Disability Guidelines state that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitations continue despite conservative care. Manipulation under anesthesia is currently under study as an option in adhesive capsulitis. As per the clinical notes submitted, the patient underwent a right shoulder arthroscopic acromioplasty and rotator cuff repair on 10/16/2012. As per the clinical notes submitted, the patient reported significant improvement in symptoms and pain relief with the use of an H-wave unit. There was no documentation of an exhaustion of conservative treatment, including cortisone injections. There were also no imaging studies or plain films submitted for review. Based on the clinical information received, the request is non-certified.