

Case Number:	CM13-0041573		
Date Assigned:	12/20/2013	Date of Injury:	09/03/2012
Decision Date:	02/19/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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:

The patient is a 58 year old female who was injured in a work related accident on 09/03/12. Recent clinical assessment indicates a diagnosis of adhesive capsulitis when she was seen for reassessment on 08/27/13 by [REDACTED], [REDACTED]. It stated at that time that she had failed recent care including medication management and continued to have pain and limited motion. Assessment showed 120 degrees of elevation and 110 degrees of abduction. The radiographs revealed no acute findings. The claimant was diagnosed with partial tearing of the rotator cuff, calcific tendonitis, and adhesive capsulitis. Conservative options, including repeat corticosteroid injection and medications were discussed. The claimant wished to proceed with further care in the form of a left shoulder manipulation under anesthesia with intraarticular steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Manipulation under anesthesia with steroid injection: 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): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates, Shoulder Procedure, Manipulation under anesthesia (MUA).

Decision rationale: California MTUS ACOEM Guidelines are silent. When looking at Official Disability Guidelines criteria, the proposed Left Shoulder Manipulation under Anesthesia with steroid injection would not be indicated. A manipulation under anesthesia would only be indicated in claimants who are recalcitrant to conservative measures and demonstrate abduction to less than 90 degrees. At last assessment, the claimant's abduction was still 110 degrees. Based upon limited understanding of conservative treatment provided thus far other than medication management and one isolated corticosteroid injection, the role of the above request would not be supported.

Post-operative physical therapy 2 times per week for 6 weeks (12 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, 12 sessions of therapy would not be indicated as the need of procedure in question has not been supported.

CPM Machine rental x 14 days or purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG for Continuous Passive Motion, adhesive capsulitis..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates, Shoulder procedure, Continuous passive motion (CPM).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a CPM machine would not be indicated. Official Disability Guidelines do not recommend the role of CPM in any setting involving the shoulder in the postoperative use or following manipulation under anesthesia. There would be nothing indicating this claimant would be an exception to the above role. It should also be noted that the procedure in question of manipulation under anesthesia has not been supported by records for review.