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| Case Number: | CM13-0044844 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/08/2008 |
| Decision Date: | 12/18/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

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 Orthopedic Surgeon, and Hand Surgeon and is licensed to practice in South Carolina and Tennessee. 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:

The injured worker is a 55-year-old male who reported injuries due to continuous trauma from heavy pushing, pulling, and lifting on 10/08/2008. On 11/15/2013, his diagnoses included "labral tear and adhesive capsulitis". It was noted that he had undergone a left shoulder arthroscopy with manipulation under anesthesia. Overall, his pain and stiffness was unchanged. There was no swelling or edema in the upper extremities bilaterally. There was mild tenderness to palpation in the pectoralis muscle. He was tender over the anterior lateral acromion with more mild tenderness over the bicipital groove. Laterality was not specified. His shoulder ranges of motion were active flexion 100 degrees, external rotation 45 degrees, internal rotation to PSIS, abduction 100 degrees. He was noted to have some pain but no obvious weakness with stressing of the supraspinatus muscles. On 10/01/2013, it was noted that he had plateaued with physical therapy following his surgery and wanted another manipulation under anesthesia. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(THE OFFICIAL DISABILITY GUIDELINES) SHOULDER MANIPULATION UNDER ANESTHESIA(MUA)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation under anesthesia (MUA); Low Back, Preoperative testing, general.

Decision rationale: The request for manipulation under anesthesia, left shoulder with cardiac clearance is not medically necessary. The Official Disability Guidelines note that manipulation under anesthesia (MUA) is under study as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered. The guidelines also state preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. The injured worker's left shoulder ranges of motion, measured in degrees were: flexion 100, external rotation 45, internal rotation to PSIS and abduction 100. This exceeds the guideline recommendations of less than 90 degrees. In addition, there was no rationale provided for the requested cardiac clearance and there is no indication of any comorbidities to support the testing. Based on this information, the request is not supported. As such, the request for manipulation under anesthesia, left shoulder with cardiac clearance is not medically necessary.

Post-manipulation physical therapy quantity 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Cardiac clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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