

Case Number:	CM13-0046245		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2008
Decision Date:	03/11/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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:

The claimant is a 53-year-old female injured in a work-related accident on 05/23/08. Clinical records specific to the treatment of the claimant's left shoulder include a prior operative report of 02/03/12 identifying a left shoulder arthroscopy, debridement, subacromial decompression, and open repair of the rotator cuff. The post-operative course of care was noted. A recent assessment on 10/11/13 indicated stiffness of the left shoulder with diminished range of motion. Formal examination was not noted. The recommendation based upon failed conservative measures was for a manipulation under anesthesia of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded): 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 Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Manipulation under anesthesia (MUA).

Decision rationale: CA MTUS guidelines are silent. When looking at Official Disability Guideline criteria, manipulation under anesthesia of the claimant's shoulder would not be indicated. The claimant is noted to status post rotator cuff repair with no documentation of postoperative imaging available for review. The recent clinical assessments fail to demonstrate specific documentation of the claimant's range of motion to support the need for a manipulative process. The ODG guidelines would only support the role of manipulation under anesthesia after three to six months of conservative measures where abduction continues to be limited to less than 90 degrees. Lack of documentation of the claimant's current motion would fail to necessitate the role of the above procedure. The lack of support for manipulation under anesthesia would also negate the need for application of a "fixation apparatus" that is being recommended as well.