

Case Number:	CM13-0053531		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2006
Decision Date:	05/20/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational 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:

The patient is an employee of [REDACTED] and has submitted a claim for bilateral shoulder tendinitis, osteoarthritis of the left shoulder, and capsulitis of the left shoulder associated with an industrial injury date of 05/03/2006. Treatment to date has included left shoulder arthroscopy with partial resection of the glenoid labrum on 03/01/2007, aquatic therapy, steroid injections, and medications such as Flexeril, Anaprox, and Ultram. A utilization review from 10/29/2013 denied the request for manipulation under general anesthesia, left shoulder, because the extent of conservative management received in the past as well as a comprehensive physical examination were not documented. Medical records from 2007 to 2013 were reviewed showing that the patient complained of constant left shoulder pain graded 8-9/10 in severity and relieved to 5-6/10 upon intake of medications. Physical examination showed limited left shoulder abduction to 50 degrees actively and 65 degrees passively. Tenderness was present over supraspinatus, deltoid, bicipital groove, and coracoid process of left shoulder. An MRI of the left shoulder, dated 11/27/2010, revealed large medial humeral head osteophyte or exostosis with some edema in this region and within the humeral head; joint effusion present with irregularity of the anterior superior labrum, possibly due to prior surgery; biceps tendon attached appropriately without a full thickness tear; there is supraspinatus tendinosis and acromioclavicular joint degeneration. An MRI of the left shoulder dated 03/27/2007 documented focal anterolateral supraspinatus tendon complete rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MANIPULATION OF THE LEFT SHOULDER UNDER GENERAL ANESTHESIA:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section.

Decision rationale: As stated in the ACOEM Guidelines, surgical intervention is indicated for patients who have: red flag conditions; activity limitations for more than four months, plus existence of a surgical lesion; and failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs. The ODG criteria for manipulation under anesthesia include adhesive capsulitis refractory to conservative therapy lasting at least 3-6 months where abduction remains less than 90°. In this case, the rationale given for this request is because the patient had failed conservative management such as exercise, medications and cortisone injections. Medical records submitted and reviewed do not indicate the number of physical therapy sessions that the patient had attended in the past and their outcome. Furthermore, there is no documented comprehensive physical examination of the left shoulder that will support the necessity for this procedure. There is no recent assessment of passive range of motion and tendencies with treatment. Therefore, the request for manipulation of the left shoulder under general anesthesia is not medically necessary and appropriate.