

Case Number:	CM13-0054530		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2012
Decision Date:	04/01/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 least at 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 45 year old male who reported an injury on 04/12/2012. The patient was reportedly injured when he was getting out of an armored truck and after stepping on a wet spot on the ground he slipped and grabbed the top of the door to catch his balance. The patient's right shoulder was pulled sharply upward, where upon the patient noted pain in the right shoulder but was able to continue his last hour of his shift. The patient subsequently underwent arthroscopic surgery on the right shoulder with a rotator cuff repair, Mumford procedure, and subacromial decompression on 11/05/2012. The patient stated that he had to wait for 2 months after surgery to obtain authorization for physical therapy, where upon he developed a frozen shoulder. An unofficial MRI obtained approximately in 06/2013 showed the patient had capsular adhesions. The patient has undergone injection therapy for the shoulder, which reportedly provided no improvement and by 06/25/2013, had undergone approximately 35 sessions of physical therapy. The patient was seen again on 08/29/2013 where upon it was noted that he had failed to improve with the therapy alone, and recently had an unofficial Qualified Medical Evaluation. The patient stated that since he stopped participating in physical therapy, his shoulder has again stiffened. On the objective examination, the patient was noted to have limited external rotation to 60 degrees, forward flexion of 100 degrees, abduction at 90 degrees, and internal rotation was to the patient's back pocket.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right shoulder arthroscopy with capsular release and manipulation under anesthesia:
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): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation under anesthesia (MUA)

Decision rationale: According to California MTUS/ACOEM, surgery for impingement syndrome is usually an arthroscopy decompression, and is not indicated for patients with mild symptoms or those who have no activity limitations. Before considering surgery, patients should have undergone conservative treatments to include cortisone injections, which should have been carried out for at least 3 to 6 months before considering the procedure. Official Disability Guidelines has also been referred to in this case and state that for patients who have significant restricted range of motion (such as abduction of less than 90 degrees) manipulation under anesthesia may be considered. The documentation states the patient's abduction has been to 90 degrees from 06/27/2013 through 08/29/2013. However, without having any documentation from August up to the point of the actual procedure, it is unclear as to what the patient's range of motion and functional deficits were at that time. Furthermore, under guideline recommendation, patients are usually expected to continue with active home exercise therapies after physical therapy sessions have been completed. It is unclear if the patient continued on with his home exercise regimen or if he remained sedentary which caused his shoulder to further stiffen after his therapy sessions were done. Therefore, although the patient had been noted to have some limited range of motion, without having any further documentation pertaining to the patient's condition, up to the point of his surgical procedure, the requested service cannot be considered medically necessary. As such, the requested service is non-certified.