

Case Number:	CM13-0057218		
Date Assigned:	12/30/2013	Date of Injury:	05/30/2012
Decision Date:	04/14/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior shoulder arthroscopy on July 13, 2013; reported diagnosis with postoperative adhesive capsulitis; and extensive periods of time off of work, on total temporary disability. In a utilization review report of November 7, 2013, the claims administrator denied a request for home continuous passive motion machine rental, denied a complete blood count, denied 12 sessions of postoperative therapy, and denied an internal medicine evaluation for surgical clearance purposes. No clear rationale for the denial was provided, although the claims administrator did seemingly state that the attorney provider did not furnish the applicant's complete medication list. It appears that the claims administrator cited non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A clinical progress note of October 17, 2013 is notable for comments that the applicant has developed postoperative adhesive capsulitis following an earlier shoulder arthroscopy on July 13, 2013. The applicant weights 246 pounds. The applicant only possesses 80 degrees of flexion and 90 degrees of abduction. The applicant is asked to pursue manipulation under anesthesia procedure with associated continuous passive motion device. An internal medicine evaluation for surgical clearance purposes is sought. Preoperative labs are sought. 12 sessions of physical therapy are apparently endorsed postoperatively. The applicant is placed off of work, on total temporary disability. An earlier note of February 7, 2013 does state that the applicant is using both oral ibuprofen and oral Voltaren, although it is noted that the applicant's medication list has not been detailed on each and every subsequent visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CONTINUOUS PASSIVE MOTION TWO-MONTH RENTAL: Overturned

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.

Decision rationale: As noted in the Third Edition ACOEM Guidelines, continuous passive motion (CPM) is recommended in conjunction with the home exercise program for treatment of adhesive capsulitis. CPM is especially endorsed in moderately to severely impacted applicants. In this case, the applicant is moderately to severe impacted. The applicant is off of work, on total temporary disability, and has markedly diminished shoulder range of motion. A continuous passive motion device rental is indicated and appropriate postoperatively following a planned manipulation under anesthesia procedure. Therefore, the request is certified.

COMPLETED BLOOD COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The applicant is an individual using NSAIDs chronically. As noted on the February 2013 progress note referenced above, the applicant is using both ibuprofen and Voltaren. As noted page of 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested monitoring in those applicants using NSAIDs includes both the CBC and chemistry profile including liver and renal function testing. Since the applicant is using NSAIDs chronically, periodic CBC testing is indicated, appropriate, and supported by the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

12 SESSIONS OF POSTOPERATIVE PHYSICAL THERAPY: Overturned

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: The attending provider has apparently sought 12 sessions of postoperative physical therapy following a planned manipulation under anesthesia procedure. As noted in MTUS 9792.24.3.a.2, an initial course of therapy represents one half of the number of visits

specified in the general course of therapy for a specific surgery. In this case, the applicant is planning to undergo a manipulation under anesthesia procedure for adhesive capsulitis. MTUS 9792.24.3 recommends an overall course of 24 sessions of postoperative treatment for the same. One half of 24 represent 12 visits. Thus, the initial 12-session course of treatment does conform to the MTUS parameters. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

INTERNAL MEDICINE EVALUATION FOR SURGICAL CLEARANCE PURPOSES:
Overturned

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 MedScape Preoperative Evaluation and Management article

Decision rationale: The MTUS does not address the topic. As noted by [REDACTED], the additional time invested in a preoperative evaluation yields an improved physician-patient relationship and reduces surgical complications. In this case, the applicant is set to undergo shoulder surgery. A preoperative evaluation by an internist to stratify the applicant's preoperative risk is indicated, appropriate, and supported by MedScape. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.