

Case Number:	CM13-0069247		
Date Assigned:	01/03/2014	Date of Injury:	10/08/2008
Decision Date:	12/18/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/20/2013

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 is licensed to practice in New York. 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:

This is a 54 year old male who sustained a work related injury on 10/08/2008 while lifting a heavy table. The injured worker complained of straining thoracic and lumbar region, right hand, thumb and wrist. Other ongoing complaints involved the bilateral shoulders, back and bilateral knees. On 03/03/2011 the injured worker's left shoulder was evaluated and deemed to be secondary to cumulative trauma with no specific injury identified. MRI studies done on 08/08/07, 03/03/2011 and 06/13/2011 (as noted in Agreed Medical Evaluation) showed tendinosis of the supraspinatus tendon with a small full thickness tear. Physical exam noted limited motion of the left shoulder with tenderness in the area. Review of the submitted medical records contain the following information regarding the left shoulder: 05/01/2013 - The provider documents the injured worker is seeing another physician for left shoulder and according to the injured worker he was to start 12 sessions of physical therapy the following week and to continue using the Dyna splint; 06/17/2013 - The provider documented the injured worker was currently undergoing physical therapy for the left shoulder and was requesting 12 additional sessions; AME notes the following; On 10/13/2011 - "The patient is healing from the surgery from 09/07/2011 to the left shoulder."; 02/02/2012 - "Continued to recommend manipulation under anesthesia to the left shoulder due to continued limited range of motion." On 04/26/2012 - "It is mentioned that the patient did have left shoulder surgery five to six weeks ago." Medical history included the following: Obstructive sleep apnea; Acid reflux symptoms, irritable bowel syndrome; Erectile dysfunction, Constipation, Loss of libido, Hypertension (HTN), Diabetes. Surgical history is included in the following diagnosis: Thoracic sprain/strain injury, Lumbosacral disc injury, Thoracic disc injury, Bilateral S1 lumbosacral radiculopathy, Post surgical repair of right thumb, Anxiety and Depression, Post right elbow surgery 02/26/2013. Other treatments included visits with a psychologist and treatment with medication. Review of

submitted records did not reveal an operative report or any documentation of left shoulder surgery except that mentioned above. Medications included pain medications, medications for stomach upset, anti-anxiety medication, muscle relaxants and anti-inflammatory medications. The injured worker was treated for other issues during this time period and documentation does not specify for which issue each medication was used. No physical therapy records are available for review. On 09/10/2013 a request was submitted for manipulation under anesthesia, left shoulder. On 11/25/2013 utilization review denied the request for manipulation under anesthesia, left shoulder citing the following: "Treating physicians clinic note from 11/18/2013 indicates the patient is seen in follow-up for left shoulder manipulation under anesthesia. There is no operative report indicating what date the patient had any surgery completed. There is no reporting indicating that this patient has had any previous surgery about the shoulder. There is no indication what if any surgery has been completed, physical therapy has been completed or whether or not this patient has been treated with anti-inflammatories and cortisone injections. Guideline criteria are not satisfied." Official Disability Guidelines - Shoulder were cited. The request for manipulation under anesthesia, left shoulder was referred for Independent Medical Review.

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 while under 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 (ODG), Shoulder Chapter (updated 06/12/13), 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 Chapter.

Decision rationale: This patient does not meet establish criteria for manipulation of the shoulder under anesthesia. Specifically the medical records do not document exactly, to physical therapy the patient has had postoperatively and to what extent of physical therapy has been successful. Conservative measures to date have not been adequately documented in the medical records. Justification for manipulation of the shoulder under anesthesia has not been established. Additional conservative measures must be documented for limitation of shoulder range of motion at this time. Criteria for manipulation under anesthesia not met. Therefore, the request is not medically necessary.