

Case Number:	CM13-0070938		
Date Assigned:	01/08/2014	Date of Injury:	06/09/2011
Decision Date:	08/18/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiologist Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 52-year-old female who reported an injury on 06/09/2011 after a trip and fall. The injured worker reportedly sustained an injury to the left shoulder. The injured worker ultimately underwent a total arthroplasty of the shoulder. The injured worker was evaluated on 12/03/2013 by physical therapy. It was noted that the injured worker was compliant with a home exercise program. Physical findings included an increase in range of motion of the left shoulder in flexion from 5 degrees on 10/07/2013 to 50 degrees on 12/03/2013, from 5 degrees to 10 degrees in extension, from 5 degrees to 35 degrees in abduction and 5 degrees to 15 degrees in internal and external rotation. It was noted that the injured worker had completed 11 sessions of physical therapy with fair progress. The injured worker was evaluated on 01/14/2014. It was noted that the injured worker had participated in 12 visits of physical therapy; however, 12 additional visits had been denied by the carrier. It was noted that the injured worker continued to have significant difficulties mobilizing her left shoulder due to severe tendinitis of the supraspinatus and infraspinatus tendons. The injured worker underwent an additional course of postoperative physical therapy. The injured worker was evaluated on 02/24/2014. It was documented that the injured worker had participated in 6 additional sessions of physical therapy. Physical findings included range of motion described as 120 degrees in abduction, 125 degrees in flexion, 65 degrees in external and internal rotation and 20 degrees in extension and abduction. The injured worker was evaluated on 06/17/2014. It was documented that the injured worker's range of motion of the left shoulder was 60 degrees in abduction, 30 degrees in internal and external rotation, 30 degrees in adduction and 10 degrees in extension. The injured worker had 4+/5 motor strength secondary to pain with tenderness to the acromioclavicular joint. The injured worker's diagnoses included status post left shoulder surgery with persistent pain complaints and weak grip of questionable etiology. A request was made for a manipulation

under anesthesia, a continuous passive motion machine for 21 days and postoperative physical therapy. However, the only Request for Authorization form submitted with these requests was dated from 11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Manipulation Under Anesthesia (MUA): 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 Official Disability Guidelines (ODG) Shoulder chapter, Manipulation Under anaesthesia (MUA).

Decision rationale: The requested left shoulder manipulation under anesthesia is medically necessary and appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend manipulation under anesthesia for injured workers who have had conservative treatment for at least 3 to 6 months and continued to have significantly limited range of motion. The clinical documentation submitted for review does indicate that the injured worker has undergone at least 24 visits of physical therapy and continues to have significantly limited range of motion of the left shoulder. Therefore, manipulation under anesthesia would be supported in this clinical situation. As such, the requested left shoulder manipulation under anesthesia is medically necessary and appropriate.

Continuous Passive Motion (CPM) Machine Rental x 21 days: 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) Shoulder Chapter.

Decision rationale: The Official Disability Guidelines recommend continuous passive motion (CPM) machine for adhesive capsulitis for up to a 4 week period or 20 days to assist with pain reduction and restoration of movement. The clinical documentation submitted for review does provide evidence that the injured worker has failed to respond to physical therapy alone, and would benefit from the use of a continuous passive motion machine as the injured worker continues to have significantly limited range of motion and function of the left shoulder. However, the request is for 21 days. This exceeds the 20 day recommendation provided by the Official Disability Guidelines. There are no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. As such, the requested continuous passive motion rental x 21 days is not medically necessary or appropriate.

Postoperative Physical Therapy x 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The requested postoperative physical therapy x 12 visits is not medically necessary and appropriate. The California Medical Treatment Utilization Schedule recommends up to 24 visits of postoperative physical therapy for adhesive capsulitis. The clinical documentation submitted for review does indicate that the injured worker is a surgical candidate for a manipulation under anesthesia due to significantly limited range of motion and functional deficit of the left shoulder. The California Medical Treatment Utilization Schedule does recommend an initial course of therapy of up to 1/2 the number of the recommended visits. This request falls within this recommendation. However, the request as it is submitted does not specifically identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested postoperative physical therapy x 12 is not medically necessary or appropriate.