

Case Number:	CM13-0071939		
Date Assigned:	01/08/2014	Date of Injury:	09/20/2012
Decision Date:	04/22/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, 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 a 45-year-old female who was injured on 09/20/2012 while walking downstairs her left knee popped and gave way. Prior treatment history has included cortisone injection (Decadron/Marcaine), which did not help, and physical therapy. Medications include Ambien, Depo-Medrol Dosepak, and Norco. The patient underwent arthroscopic debridement Glenohumeral joint of the labral tear and acromioplasty, resection of coracoacromial (CA) ligament, subdeltoid burse on 05/01/2013. On 09/23/2013, she underwent a closed manipulation and arthroscopic debridement and capsular release of left shoulder. The diagnostic studies were not submitted for review. Progress note dated 07/05/2013 documented the patient to have complaints of her shoulder getting stiffer. Objective findings on exam included 10 degrees of external rotation and elevation to 80 degrees. She shrugs her shoulder. Progress note dated 08/05/2013 documented the patient complaining that her left shoulder is still stiff. The therapy is not helping. Objective findings on exam reveal she has no Glenohumeral motion. Externally she rotates to neutral and internally rotates to top of buttock crease. She elevated to 60 degrees scapulothoracic. Physical therapy note dated 11/25/2013 documented the patient with complaints of increased pain during physical therapy. Her symptoms disrupt sleep, she is unable to move arm when reaching for objects or reaching overhead and her pain level is 5/10. Objective findings reveal there is moderate pain with range of motion of shoulder flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLOSED MANIPUATION VS. CAPSULAR RELEASE: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation Under Anesthesia (MUA)

Decision rationale: The CA MTUS Guidelines is silent on requested closed manipulation. However, general guidelines state with documentation of functional improvement, a subsequent course of therapy shall be prescribed. The medical records document the patient had manipulation under anesthesia (MUA) in 9/23/2013, with several sessions of physical therapy that included multiple manipulations. Initial physical therapy date 5/8/2013 document the patient had difficulty to reaching over head, therapy note following MUA reported the patient had complete difficulty to move her arm, the last physical therapy note documented the patient still had moderate impairment. In the absence of documented improvement, the request is not medically necessary according to the guidelines. As per ODG, MUA is under study as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90°), manipulation under anesthesia may be considered. MUA for frozen shoulder may be an effective way of shortening the course of this apparently self-limiting disease and should be considered when conservative treatment has failed. MUA may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition. The medical records documented the patient had arthroscopic debridement glenohumeral joint (GHJ) of the labral tear, and acromioplasty, resection of coracoacromial (CA) ligament, subdeltoid bursa dated 5/01/2013, and also closed manipulation with arthroscopic debridement and capsular release dated 9/23/2013, the patient had sessions of physical therapy following the initial surgery started on 5/8/2013 till 11/25/2013 without significant improvement. The shoulder abduction recorded as 135° on 05/08/2013 and 100° on 11/25/2013. In the absence of documented improvement of left shoulder following prior procedure, the request is not medically necessary according to the guidelines.

CONTINUE USE OF SHOULDER CPM: 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, Continuous passive motion (CPM)

Decision rationale: According to the Official Disability Guidelines (ODG), Guidelines, Continuous passive motion (CPM) is recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. The medical records document the patient diagnosed with left frozen shoulder she had first surgery dated 5/01/2013 which was arthroscopic debridement glenohumeral joint (GHJ) of labral tear with acromioplasty, resection of coracoacromial (CA)

ligament, and subdeltoid bursa, the second surgery dated 9/23/2013 which was closed manipulation with arthroscopic debridement and capsular release. On 8/5/2013, CPM was suggested as a modality of treatment needed and on 11/27/2013 CPM was advised to be continued. In the absence of documented, CPM treatment sessions, the frequency, and the duration, the request is not medically necessary according to the guidelines.

PHYSICAL THERAPY FOR THE LEFT SHOULDER, 3 X 6 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: According to the CA MTUS Guidelines, physical therapy is recommended for adhesive capsulitis as postsurgical treatment 24 visits over 14 weeks. The medical records document the patient had arthroscopic debridement and capsular release of the left shoulder with closed manipulation and after the surgery received 23 sessions of physical therapy over two months, which exceeds the guidelines recommendation. Thus, the request is not medically necessary according to the guidelines.