

Case Number:	CM14-0008058		
Date Assigned:	02/12/2014	Date of Injury:	07/08/2013
Decision Date:	06/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/22/2014

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 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 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 59-year-old female insurance company director sustained an industrial injury on 7/8/13 when she tripped over a cement block and fell onto her face, right wrist, and left upper extremity. She sustained a nasal laceration, left proximal humerus fracture, and right distal radius fracture. She was treated with a right wrist cast and left shoulder immobilizer. The 11/12/13 treating physician report indicated the patient was working full duty with no limitation. The left shoulder remained stiff and painful. Ibuprofen was required on a nightly basis. Left shoulder range of motion demonstrated 90 degrees forward flexion and abduction with limited internal rotation. The left shoulder x-rays showed a varus deformity with evidence of callus. The patient was to complete physical therapy, followed by consideration of manipulation under anesthesia to restore left shoulder range of motion that appeared limited due to adhesive capsulitis. The 11/26/13 physical therapy progress report indicated that the patient had attended 20 visits for the shoulder. Left shoulder exam findings documented active range of motion as flexion 140, abduction 90, extension 30, and internal/external rotation 60 degrees. Passive range of motion noted flexion 140, abduction 90, external rotation 75, and internal rotation 55 degrees. There was left shoulder weakness in flexion 3-5, extension 4-/5, abduction 3-/5, internal rotation 3-/5, and external rotation 3+/5. The physical therapist indicated that the patient was significantly improved with physical therapy, but capsular tightness was still present and weakness persisted with flexion, abduction, and functional internal rotation. The physical therapist noted that the patient was continuing to compensation for range of motion by allowing excessive scapular motion which may progress to involve the neck, upper back or low back due to muscle imbalances. The 12/17/13 request for left shoulder distention arthrogram was denied in utilization review on 12/20/13 due to a lack of documentation to support the medical necessity of this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISTENTION ARTHROGRAM-LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Hydroplasty/ Hydrodilation.

Decision rationale: Under consideration is a request for distention arthrogram of the left shoulder. The California Medical Treatment Utilization Schedule is silent regarding distention arthrography. The Official Disability Guidelines state that distention arthrography (hydroplasty/hydrodilation) is under study and was still experimental with no high quality studies. Guidelines suggest that this treatment modality should be individualized on the basis of the stage of the adhesive capsulitis, and the distension procedure should be reserved for patients in Hannafin stage II who do not progress despite participating in a PT program. The records indicate that this patient has findings suggestive of adhesive capsulitis with range of motion improvement noted with physical therapy. Functional improvement is also noted with return to work and advancing activities of daily living. This procedure is not supported by guidelines and is considered experimental with no high quality studies. There is no compelling reason to support the medical necessity of this procedure over the use of continued physical therapy or manipulation under anesthesia. Therefore, this request for distention arthrogram of the left shoulder is not medically necessary.