

Case Number:	CM14-0105863		
Date Assigned:	07/30/2014	Date of Injury:	03/18/2014
Decision Date:	09/19/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/09/2014

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 50-year-old male who sustained an industrial injury on 3/18/2014, to the right shoulder. Treatment has included medications; Ibuprofen, steroid injection off work, and an MRI of the right shoulder dated 5/7/2014 reveals the impression of tenosynovitis biceps tendon. According to the recent hand-written PR-2, dated 8/6/2014, the patient feels he is worse since the last visit. Right shoulder pain is rated 7-8/10, constant with local pain with popping and stiffness. He denies numbness, but has tingling in occasional aggravation with movement. Jamar grip strength right/left is 5/30. He is not attending Physical Therapy (PT). He is not working as no light duty is available. Physical examination documents right shoulder has moderate tenderness, marked decreased ROM and painful, there is moderate crepitus, and tenderness of subacromial and long head of biceps. ROM is decreased due to pain with abduction and flexion 80 degrees, IR 35 degrees, ER 25 degrees, and extension and adduction 25 degrees. Diagnoses are right shoulder sprain/strain, adhesive capsulitis, and bicipital tendinitis. Recommendation is manipulation under anesthesia (MUA); additionally the patient is requesting a second opinion consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation of right shoulder under general anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints page(s) 210. ODG) Shoulder, Surgery for adhesive capsulitis.

Decision rationale: The CA MTUS ACOEM guidelines state surgical considerations depend on the working or imaging-confirmed diagnoses of the presenting shoulder complaint. It is acknowledged that the progress reports document the patient has markedly limited range of motion of the right shoulder due to pain. However, the medical records do not demonstrate the range of motion (ROM) deficits is demonstrated on passive motion testing. Limitation in motion is apparently due to pain and not actual adhesion. The unique sign of adhesive capsulitis is limited passive ROM. Limited active ROM does not establish the adhesive capsulitis diagnosis. According to the Official Disability Guidelines, surgery for adhesive capsulitis is currently under study. According to the referenced guidelines, studies support that the clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis. The medical records do not thoroughly detail the patient's course of treatment since the 3/14/2014 DOI. There is no indication the patient has been actively utilizing aggressive stretching and ROM rehabilitation exercises. Exhaustion of non-operative measures has not been established. The medical records do not establish MUA of the right shoulder is appropriate and medically necessary.