

Case Number:	CM14-0108389		
Date Assigned:	08/01/2014	Date of Injury:	06/20/2013
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/11/2014

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:

This is a 59-year-old gentleman who sustained an injury to the right shoulder in a work related accident on 06/20/13. The clinical records provided for review include the report of a 10/17/13 MR arthrogram of the right shoulder identifying tendinosis of the supraspinatus with no tearing of the labrum. The 02/21/14 operative report states that the claimant underwent an arthroscopy with labral and rotator cuff repair with extensive debridement and synovectomy. There are no postoperative imaging reports available for review. The postoperative PR2 report of 06/20/14 describes continued complaints of pain in the shoulder, worse with overhead activity. Physical examination showed restricted motion to 135 degrees of active abduction and flexion. There was 40 degrees of internal and external rotation with equal and symmetrical grip strength of the upper extremities. The PR2 report documents postoperative treatment with medications, topical ointments, and physical therapy. Recommendation was for manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation Under Anesthesia of the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder procedure -Manipulation under anesthesia (MUA).

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, manipulation under anesthesia would not be indicated. The claimant is status post a 02/21/14 labral and rotator cuff repair with recent examination showing 135 degrees of both forward flexion and abduction. The ODG Guidelines do not recommend manipulation under anesthesia in situations where abduction is above 90 degrees. When taking into account there is no postoperative imaging, the acute need of a manipulation in this individual who has achieve abduction to greater than 135 degrees would not be indicated. Therefore, this request is not medically necessary.