MAXIMUS Federal Services

Case Number:	CM14-0108912		
Date Assigned:	08/01/2014	Date of Injury:	11/16/2011
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 claimant is a 37-year-old male who sustained a vocational injury on November 16, 2001 when he fell while installing a window. The claimant's current working diagnosis is arthrofibrosis status post left shoulder surgery. The office note dated June 19, 2014 documented that physical therapy was not certified and the claimant elected to proceed with manipulation under anesthesia. Examination revealed active abduction and forward flexion of 80 to 90 degrees, passively he could get to 110 to 120 degrees of abduction, 120 to 130 degrees of forward elevation, external rotation to about 40 degrees and about 60 degrees on the contralateral side. Internal rotation to L4. He continued to have pain with limitations in all motions. The recommendation was made to proceed with manipulation under anesthesia followed by cortisone injection. The report of the MRI of the left shoulder dated April 20, 2014 revealed mild rotator cuff tendonopathy, new partial thickness humeral head chondromalacia with marrow reactive changes beneath the supraspinatus tendon near the insertion, small posterior inferior labral pathology, inferior paralabral cyst. The records document the claimant's most recent surgery was in October of 2012 for left shoulder subacromial decompression, biceps tenodesis and debridement of labral tear. There is documentation in the April 10, 2014 office note, that the claimant had almost no physical therapy after the surgery. The current request is for manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 surgery- manipulation under anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder (Acute and Chronic); ODG Low Back chapter; and ODG, Knee chapter.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for manipulation under anesthesia cannot be recommended as medically necessary. The Official Disability Guidelines suggest that manipulation under anesthesia can be considered in shoulder pathology following surgical intervention if there is documented conservative treatment for at least three to six months prior to recommending and considering surgical intervention. The medical records document that the physician would consider a cortisone injection following manipulation under anesthesia, which is contradictory to the ODG Guidelines which recommend continuous aggressive conservative treatment prior to considering surgical intervention which should include formal physical therapy, activity modification, home exercise program, and injection therapy along with antiinflammatories. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the manipulation under anesthesia cannot be considered medically necessary.

12 post operative physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Medical Fee Schedule.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for the manipulation under anesthesia cannot be considered medically necessary. Therefore, the request for twelve postoperative physical therapy sessions is also not recommended as medically necessary.