

Case Number:	CM14-0109022		
Date Assigned:	08/01/2014	Date of Injury:	03/01/2010
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
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:

This 63-year-old female packer sustained an industrial injury on 3/1/10. She reported an onset of bilateral shoulder and arm pain pulling rolls of tape and packing pallets with merchandise. The patient underwent left shoulder arthroscopy including glenoid chondroplasty, partial labral resection, synovectomy, bursectomy, debridement of biceps, subacromial decompression, distal clavicle coplaning, and rotator cuff reconstruction with anchors on 3/13/14. The 4/22/14 treating physician report indicated the patient had grade 6-7/10 left shoulder pain radiating down the left arm. The patient had an extremely retracted tear of her rotator cuff with shredding. There was anchor reconstruction. She was immobilized in an airplane splint. The patient was to start with pendulum exercise and progress with gentle range of motion. Physical therapy was recommended 2 to 3 times per week. The 5/20/14 treating physician report cited 7/10 left shoulder pain. She was participating in physical therapy which was causing her pain. Exam findings stated the patient had clear adhesive capsulitis with very limited motion. The treating physician reported that the patient had attended 2 visits of physical therapy. If she was not improved in about 5 to 6 more visits, she would require a left shoulder manipulation under anesthesia to stretch the scar and regain the motion. Authorization was requested for manipulation under anesthesia. The 6/18/14 utilization review denied the request for manipulation under anesthesia based on lack of adequate conservative treatment and no specific documentation of range of motion. The 6/24/14 treating physician report stated the patient was 3 months post-operative with continued limited left shoulder range of motion with 80 degrees of abduction. All attempts at improving range of motion with post-operative physical therapy rehabilitation have failed to improve her limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder manipulation under anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide surgical criteria for manipulation under anesthesia. The Official Disability Guidelines stated that manipulation under anesthesia is under study as an option for 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. The use of physical therapy and injections are recommended for the treatment of adhesive capsulitis. Guideline criteria have been met. This patient has significant loss of left shoulder range of motion following surgery and despite 3 months of conservative treatment. Therefore, this request for left shoulder manipulation under anesthesia is medically necessary.