

Case Number:	CM14-0010171		
Date Assigned:	02/21/2014	Date of Injury:	02/15/1998
Decision Date:	07/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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 Surgeon and Hand Surgeon and is licensed to practice in Texas 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 injured worker is a 57-year-old female who reported an injury on 02/15/1998. The current diagnosis is adhesive capsulitis. The injured worker was evaluated on 06/21/2013. It is noted that the injured worker is status post-surgery to the right shoulder on 08/27/2009 and manipulation under anesthesia on 08/31/2010. Physical examination was not provided on that date. The injured worker reported popping in the left shoulder with range of motion and activity limitation. Treatment recommendations included arthroscopic debridement and manipulation of the left shoulder. It is noted that the injured worker underwent an MRI of the left shoulder on 11/30/2011, which indicated extensive postsurgical changes in the rotator cuff involving the supraspinatus.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ARTHROSCOPIC DEBRIDEMENT AND MANIPULATION OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. There was no physical examination provided on the requesting date. There is also no mention of an exhaustion of conservative treatment. Official Disability Guidelines state manipulation under anesthesia is currently under study as an option in adhesive capsulitis, in cases that are refractory to conservative therapy lasting at least 3 to 6 months where range of motion remains significantly restricted. There is no documentation of any specific passive or active range of motion deficits. The injured worker also has a history of 4 left shoulder surgeries prior to 2009, with poor long term outcomes. Without evidence of an exhaustion of conservative treatment, the current request cannot be determined as medically appropriate. Therefore the request is not medically necessary.