

Case Number:	CM14-0018640		
Date Assigned:	04/18/2014	Date of Injury:	12/23/2012
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 50-year-old female with a 12/23/12 date of injury, and status post right shoulder arthroscopy with subacromial decompression with rotator cuff repair 7/5/13. At the time of request for authorization for manipulation under anesthesia for the right shoulder, there is documentation of subjective findings of pain and stiffness and objective findings of right shoulder range of motion forward flexion 0-90 degrees, external rotation 0-30 degrees, and internal rotation to T12. The current diagnoses are status post right shoulder arthroscopy, subacromial decompression with rotator cuff repair. The treatment to date includes physical therapy, HEP, activity modification, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MANIPULATION UNDER ANESTHESIA FOR THE RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Manipulation Under Anesthesia (MUA).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation Under Anesthesia.

Decision rationale: California MTUS identifies documentation of red flag conditions; activity limitation for more than four months, plus existence of a surgical lesion; failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair, as criteria necessary to support the medical necessity of shoulder surgery. ODG identifies documentation of cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), as criteria necessary to support the medical necessity of manipulation under anesthesia. Within the medical information available for review, there is documentation of diagnosis of status post right shoulder arthroscopy, subacromial decompression with rotator cuff repair. In addition, there is documentation of a case refractory to conservative therapy lasting 6 months where range-of-motion remains significantly restricted (abduction less than 90). Therefore, based on guidelines and a review of the evidence, the request for manipulation under anesthesia for the right shoulder is medically necessary.