

Case Number:	CM14-0115633		
Date Assigned:	08/04/2014	Date of Injury:	05/29/2011
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/22/2014

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 69-year-old gentleman who was injured in a work related accident 05/29/11. Records indicate current complaints of pain about the right shoulder. A follow up assessment of 04/28/14 described continued complaints of constant pain and limited motion with examination showing abduction to 72 and flexion to 78 degrees actively. There was pain with range of motion. The individual is status post a prior 10/08/13 rotator cuff repair surgery and is now with diagnosis of "frozen shoulder." The surgical request at that time was for a shoulder manipulation under anesthesia with an arthroscopic capsulectomy. Further documentation of PR2 report of 06/30/14 described range of motion of flexion to 122 degrees and abduction to 102 degrees with continued diagnosis of adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder manipulation Under anesthesia with arthroscopic capsulectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines /Shoulder, Surgery for adhesive capsulitis Under study (Berghs, 2004) (Carrette, 2003).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates:
shoulder procedure -Manipulation under anesthesia (MUA).

Decision rationale: The Claims Administrator based its decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, pages 209-210 and on the Non-MTUS Official Disability Guidelines /Shoulder, Surgery for adhesive capsulitis Under study (Berghs, 2004) (Carrette, 2003). The Expert Reviewer's decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, surgical intervention in this individual would not be indicated. Records for review indicate a recent physical examination that showed abduction to greater than 105 degrees. Currently manipulation under anesthesia is limited to individuals who failed conservation care with abduction to less than 90 degrees. With current documentation of physical examination parameters and no indication of postoperative imaging following rotator cuff repair procedure, the request of manipulation with arthroscopic capsulectomy would not be supported as medically necessary.