

Case Number:	CM14-0150984		
Date Assigned:	09/19/2014	Date of Injury:	10/31/2013
Decision Date:	10/23/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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:

54 year old male claimant with reported industrial injury of 10/31/13. Claimant is status post left shoulder arthroscopy with rotator cuff repair on 3/19/14. Patient is noted to have a diagnosis of post-surgical adhesive capsulitis with physical therapy initiated 6/11/14. Exam note from 7/28/14 demonstrates subjective pain of 3 out of 10 with stiffness to the left shoulder. Exam demonstrates passive range of motion in forward flexion of 150 degrees to 145 degrees without pain after manual therapy. Exam note 7/24/14 demonstrates pain is a 3 out of 10 on bad days. Exam demonstrates forward flexion on the left at 80 degrees compared with 170 degrees on the right. Review of records demonstrates that 24 visits of physical therapy have been completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) Shoulder Manipulation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Adhesive Capsulitis,

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the ODG Shoulder section, surgery for adhesive capsulitis, "Under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment." The guidelines recommend an attempt of 3-6 months of conservative therapy prior to contemplation of manipulation and when range of motion remains restricted (abduction less than 90 degrees). In this case there is insufficient evidence of failure of conservative management in the notes submitted from 7/28/14. It is unclear how many of the 24 visits have been completed to date. Until a conservative course of management has been properly documented for 3-6 months, the determination is for non-certification.