

Case Number:	CM14-0151050		
Date Assigned:	09/19/2014	Date of Injury:	07/08/2011
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
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:

The claimant is a 55-year-old female who was injured in a work related accident on 07/18/11 as a result of cumulative trauma from job related activities. The clinical records are specific to the claimant's left shoulder and document prior surgery for left shoulder arthroscopy, subacromial decompression, distal clavicle excision, biceps tenodesis and manipulation under anesthesia on 11/24/13. The postoperative records document that the claimant has undergone 30 sessions of physical therapy, medication management and activity restrictions but continues to be symptomatic. The progress report dated 07/22/14 describes continued pain in the left shoulder worse with activity. Physical examination showed tenderness over the subacromial space, rotator cuff and acromioclavicular joint and that range of motion was diminished in all planes; however, formal documentation of motion was not noted. There was also noted to be global weakness at 4/5. Based on the claimant's failed response to postoperative care, the recommendation was made for an arthroscopic evaluation, capsular release, lysis of adhesions and manipulation under anesthesia. The records provided for review did not include any reports of postoperative imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional arthroscopic evaluation, arthroscopic, for the left shoulder, along with a capsular release, lysis of adhesions and manipulation under anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208, 209.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Surgery for adhesive capsulitis, Manipulation under anesthesia (MUA)

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for additional arthroscopic evaluation for the left shoulder, a capsular release, lysis of adhesions and manipulation under anesthesia is not recommended as medically necessary. ACOEM Guidelines recommend clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The medical records do not contain documentation of postoperative imaging identifying any imaging evidence to support the need for surgery. The medical records do not support the role of a manipulation under anesthesia for the diagnosis of adhesive capsulitis. The Official Disability Guidelines state that the surgical process is still "under study." In regards to manipulation, it is documented that this procedure has already taken place at the time of the 2013 surgery. There is no postoperative documentation of formal physical examination findings to include parameters of range of motion or documentation of postoperative imaging for review. While the claimant subjectively continues to have discomfort, the acute role of a second surgical process for the claimant's shoulder to include a manipulation that has already taken place would not be indicated.

Supervised post-operative rehabilitative therapy three times a week for four weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Home continuous passive motion (CPM) rental for 45 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Surgical stim unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Coolcare cold therapy unit rental for 3 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.