

Case Number:	CM14-0159155		
Date Assigned:	10/02/2014	Date of Injury:	03/11/2009
Decision Date:	12/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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 Minnesota. 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 51 year old female with a history of chronic pain syndrome related to a motor vehicle accident. She has had multiple surgical procedures in the past including cervical disc arthroplasties at 3 levels, lumbar disc arthroplasty at L5-S1, right shoulder surgery including rotator cuff repair on 12/13/2012 and subsequent arthroscopy, manipulation under anesthesia, and physical therapy for adhesive capsulitis.. There is a history of hypothyroidism, anxiety, and depression. The worker has chronic left shoulder pain and stiffness due to adhesive capsulitis. She has had steroid injections and physical therapy with little benefit. The treating provider is requesting manipulation of the left shoulder under anesthesia. An MRI scan of the left shoulder dated 4/24/2014 revealed moderate rotator cuff tendinosis with partial thickness tear, marked atrophy and fatty infiltration of the infraspinatus muscle, SLAP lesion, minimal glenohumeral degenerative change and moderate acromioclavicular arthritis. The disputed issue pertains to a request for manipulation of the left shoulder under anesthesia. The request was non-certified by UR for lack of documentation pertaining to passive range of motion, the duration of the adhesive capsulitis, and conservative treatment. New information indicates marked limitation of motion with abduction 45 degrees, external rotation 10 degrees, and internal rotation to L2. There is weakness of resisted abduction and external rotation. The treating provider has documented the adhesive capsulitis for at least 3 months with no response to conservative treatment. Arthroscopy is not planned for reasons of poor results with surgical procedures in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Closed Treatment of Shoulder Dislocation with Manipulation Under Anesthesia, Left 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Manipulation under anesthesia.

Decision rationale: California MTUS does not address the indications for manipulation under anesthesia for adhesive capsulitis of the shoulder. ODG guidelines are therefore used. Additional information has been provided which indicates that the adhesive capsulitis of the left shoulder is refractory to conservative therapy and has lasted more than 3 months. The range of motion remains significantly restricted with abduction of 45 degrees. Therefore it meets the ODG criteria for closed manipulation under anesthesia. The requested procedure is not for a shoulder dislocation but for adhesive capsulitis as documented in the office notes of 8/27/2014. The UR denial was for lack of documentation of the range of motion, duration of the adhesive capsulitis and evidence of conservative treatment. The additional information addresses these concerns. The requested procedure of manipulation under anesthesia is therefore medically necessary.