

Case Number:	CM14-0164827		
Date Assigned:	10/09/2014	Date of Injury:	08/22/2013
Decision Date:	11/18/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine and Rehabilitation 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 59 year-old female Temporary Teacher's Aide sustained an injury on 8/22/13 from losing her balance and falling while assisting a child during employment by [REDACTED]. Request(s) under consideration include Manipulation under anesthesia, Left shoulder and MRI of the cervical spine. Diagnoses include Chronic Low back pain; left shoulder joint pain s/p left rotator cuff repair, partial acromioplasty, distal clavicle resection and debridement of glenohumeral joint on 4/24/14; and left knee joint pain. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 2/25/14 from a provider noted the patient last worked on 1/27/14 for ongoing chronic multi-joint and spine symptoms. Exam showed patient 5'1" weighs 280 pounds; cervical spine with negative Spurling's, foraminal distraction/ compression test; shoulder depression test; Left Shoulder with flex/ext/abd/ IR/ER of 90/30/70/39/40 degrees; positive Hawkin's and Neer's testing; negative instability tests; DTRs 2+ symmetrical, 5/5 motor strength throughout upper extremities with intact sensation. Diagnoses included left shoulder torn rotator cuff and adhesive capsulitis; and cervical sprain/strain. Treatment included pending review of MR arthrogram of left shoulder with patient remaining TTD. Brief report of 4/29/14 noted patient with post-op rotator cuff repair on left with physical therapy planned. The patient was TTD. Report of 7/29/14 noted patient with complaints of shoulder weakness. Exam showed shoulder passive flex/abd of 170/160 degrees; active range of 30 degrees with continued physical therapy and TTD status. QME report of 9/15/14 noted patient with post-op physical therapy for left shoulder and cannot lift up fully yet, but is slowly improving. Exam showed shoulder restriction with passive flex/abduction of 100/100 degrees and active flex/abd of 75/75 degrees. Exam of cervical spine had pain but full range of motion without any muscle spasm; Neurologically with 5/5 motor power all over; DTRs 2+ equal with normal sensation to both upper and lower extremities.

Discussion noted main complaints in left shoulder with patient improving with physical therapy. Recommendations included continuing physical therapy for shoulder. The request(s) for Manipulation under anesthesia, Left shoulder and MRI of the cervical spine were non-certified on 9/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation under anesthesia (MUA), pages 924-925

Decision rationale: Per Guidelines, although Manipulation Under Anesthesia (MUA) may be effective in shortening the course and restoring joint mobilization, it is still considered under study as the method can cause iatrogenic intraarticular damage when not performed appropriately. This procedure may be a treatment option in the diagnosis of shoulder adhesive capsulitis when there is evidence of refractory or failed conservative therapy of at least 3-6 months with documented significant restricted abduction range of less than 90 degrees, limiting the patient's function and ADLs. However, this has not been demonstrated here as per patient and recent QME report of 9/15/14, noting steady improvement with physical therapy. Submitted reports have not identified failed conservative trial with limited ADLs to support for this procedure at this time. The Manipulation under anesthesia, Left shoulder is not medically necessary and appropriate.

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171, 177-179.

Decision rationale: Cervical spine exam showed pain but with full range and intact neurological exam in motor strength, sensation, and reflexes without remarkable provocative testing. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify

specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary and appropriate.