

Case Number:	CM14-0173679		
Date Assigned:	10/24/2014	Date of Injury:	04/30/2013
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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 44-year-old female claimant with an industrial injury dated 04/30/13. The patient is status post a right shoulder arthroscopy and rotator cuff repair as of 01/09/14. Exam note 10/20/14 states the patient returns with right shoulder pain. The patient rates the pain a 5-6/10, and explains that the pain worsens at night. The patient completes home exercises and takes medication for pain relief. Upon physical exam, range of motion of the right shoulder had a flexion of 110', extension of 25', adduction of 30', abduction of 110', internal rotation of 30', and external rotation of 20'. Diagnosis is noted as full thickness tear of supraspinatus portion of the rotator cuff with 10mm retraction of the right shoulder, slap/labral tear of the right shoulder, longitudinal full thickness tear of the long head of biceps tendon, lateral epicondylitis, and right shoulder adhesive capsulitis. Treatment includes a continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Right shoulder manipulation under anesthesia, possible arthroscopic lysis of adhesions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209-210.
Decision based on Non-MTUS Citation ODG- 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) 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 10/20/14. Therefore, request for right shoulder manipulation under anesthesia, possible arthroscopic lysis of adhesions is not medically necessary.