MAXIMUS Federal Services

Case Number:	CM14-0182207		
Date Assigned:	11/07/2014	Date of Injury:	06/17/2014
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopaedic Surgery and is licensed to practice 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 sustained an industrial injury on 6/17/14. Injury occurred when she was lifting a bag of coins and heard and felt a pop and immediate pain in her anterior left arm. Past medical history was positive for rheumatoid arthritis and the patient was taking Enbrel. The 7/1/14 left shoulder MRI impression documented a high grade full thickness intrasubstance supraspinatus tear with retraction. There was likely a pinpoint bursal surface perforation with mild to moderate overlying sub acromial/sub deltoid bursitis. Findings are suggestive of a chronic tear. There was mild reactive or stress edema at the anterior greater tuberosity insertion and superimposed rotator cuff tendinitis. There was mild to moderate tendinosis of the intra-articular long head of the biceps tendon. There was no biceps tear or instability. There was synovitis of the rotator interval and thickening of the biceps pulley mechanism. There was a chronic degenerative tear of the superior, posterior superior and posterior inferior labrum. There was mild Glenohumeral joint arthrosis and small joint effusion with synovitis. There was mild Acromioclavicular joint arthrosis and lateral down sloping acromion that mildly narrowed the lateral supraspinatus outlet. The 9/12/14 chart notes cited on-going left shoulder pain, stiffness, weakness, and difficulty with overhead activities. Physical exam documented forward flexion 50, abduction 30-40, and external rotation 30-40 degrees. The impression was left shoulder adhesive capsulitis. Surgery was discussed. The 10/1/14 treating physician progress report cited constant grade 9-10/10 left shoulder pain into the deltoid with swelling in the mid upper arm. She was able to work a few hours with little pain, but then pain increased. Pain was reduced with minimized use and Nortriptyline. Physical exam documented left arm guarding, left mid upper arm muscle tightness, atrophy, tenderness mostly left biceps, and mid upper arm fullness. Shoulder range of motion was limited. Abduction was only possible using right arm to help to 45 degrees. Internal rotation was documented to the posterior hip. Reflexes, strength, and sensation

were normal. The diagnosis was left shoulder capsulitis and left biceps tendon tear. The treatment plan recommended follow-up with the orthopedist. The 10/15/14 utilization review denied the request for left shoulder manipulation and possible arthroscopy based on a lack of supporting information, specifically active versus passive range of motion findings, bone density studies, and what specific arthroscopic procedures were anticipated. Records documented conservative treatment to include two sub acromial injections with temporary relief, anti-inflammatory medication, ice, activity modifications, and acupuncture. Records indicated that the patient had been approved for at least 6 physical therapy sessions but there was no evidence of attendance or response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder manipulation possible arthroscopy: 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, Manipulation under anesthesia (MUA)

Decision rationale: The California MTUS guidelines do not provide surgical criteria for manipulation under anesthesia. The Official Disability Guidelines (ODG) state that manipulation under anesthesia is under study as an option for adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered. Guideline criteria have not been met. The current non-specific request for arthroscopy does not allow for medical necessity to be established. Although the treating physician has noted failure of conservative treatment, evidence of 3 to 6 months of comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Cold therapy unit; two to four (2-4) weeks: 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, Continuous flow cryotherapy

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Shoulder immobilizer: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Abduction pillow splint: 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, Postoperative abduction pillow sling

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-op PT; six (6) visits over four to six (4-6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.