

Case Number:	CM14-0021857		
Date Assigned:	05/09/2014	Date of Injury:	06/11/2013
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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 Pennsylvania. 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 68-year-old gentleman who sustained an injury to the right shoulder on 06/11/13. The records provided for review document that the initial injury was a rotator cuff tear that was surgically repaired on 09/14/13. The recent progress report of 01/16/14 documents that despite a course of supervised physical therapy, the claimant continues to have difficulty regaining full range of motion. Postoperative clinical records document an aggressive course of physical therapy. The examination findings on 01/16/14 showed passive motion to 155 degrees of forward flexion and abduction, stable strength and no documented weakness. Based on failed conservative care, the recommendation was made for right shoulder manipulation under anesthesia with use of a perioperative suprascapular nerve block, postoperative use of a Medrol Dosepak and three days of supervised physical therapy. The records do not contain any postoperative imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT SHOULDER MANIPULATION UNDER ANESTHESIA: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Manipulation under anesthesia (MUA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Manipulation under anesthesia (MUA).

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not support the proposed manipulation under anesthesia. The records document that the claimant's motion is to 150 degrees actively with no documentation of postoperative imaging following rotator cuff repair surgery. In absence of postoperative imaging with motion to over 150 degrees, there would be no acute indication for a manipulation under anesthesia. The Official Disability Guidelines recommend manipulation under anesthesia after three to six months of conservative care, including injection therapy, has failed. In addition, the lack of postoperative imaging would also fail to support the need for manipulation.

1 SUPRASCAPULAR NERVE BLOCK: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure Nerve blocks.

Decision rationale: The request for manipulation under anesthesia cannot be recommended as medically necessary. Therefore, the request for a parascapular nerve block is not necessary.

MEDROL DOSEPACK: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure.

Decision rationale: The proposed manipulation under anesthesia is not recommended as medically necessary. Therefore, the request for a Medrol Dosepak is not necessary.

3 DAYS OF SUPERVISED PHYSICAL THERAPY: 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.

Decision rationale: The proposed manipulation under anesthesia is not recommended as medically necessary. Therefore, the request for physical therapy is not necessary.