

Case Number:	CM14-0026314		
Date Assigned:	06/13/2014	Date of Injury:	03/01/2010
Decision Date:	07/29/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 52-year-old male sustained an industrial injury on 3/1/10. The injury occurred when he tried to catch a 5-gallon bucket of paint that was falling from a shelf above him with his right arm. The patient underwent right shoulder distal clavicle resection, subacromial decompression, capsular release, and manipulation under anesthesia on 2/8/13. The 1/13/14 treating physician chart note stated that patient was still having symptomatic adhesions. Surgical findings demonstrated adhesions consistent with chronic inflammation of at least two (2) years. The right shoulder exam documented passive range of motion testing with 150 degrees abduction and 155 degrees forward flexion. External rotation with arm at side was 40 degrees. Supraspinatus strength was 4+/5. Other strength testing was full. The treatment plan recommended physical therapy, pushing aggressive range of motion exercises, and manipulation under anesthesia in six (6) weeks if therapy did not improve the shoulder. Physical therapy was initiated on 1/28/14. The 2/18/14 utilization review denied the request for fixation of the shoulder, as the patient did not meet guideline criteria for manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fixation of the 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), Shoulder Chapter.

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: The Official Disability Guidelines suggest that fixation of the shoulder is reserved for instability or fracture repair. The guidelines state that manipulation under anesthesia is under study as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least three to six (3-6) months, where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered. This request for fixation of the shoulder is not consistent with the treating physician notes. The records indicate that the patient is being treated for shoulder adhesions, with aggressive physical therapy planned and that manipulation under anesthesia will be considered if therapy failed. There is no documented instability. There is no clinical evidence that the patient had adhesive capsulitis, with passive abduction/flexion of 150/155 degrees. Physical therapy was initiated on 1/28/14, with no evidence of failure to achieve benefit. Therefore, this request for fixation of the shoulder is not medically necessary.