

Case Number:	CM14-0026799		
Date Assigned:	06/13/2014	Date of Injury:	12/17/2012
Decision Date:	07/24/2014	UR Denial Date:	02/17/2014
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 Orthopaedic 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 66-year-old male sustained an industrial injury on 12/17/12. The mechanism of injury is not documented. Past medical history was positive for morbid obesity and diabetes. The patient underwent left rotator cuff repair of a complete tear on 4/25/13. The 11/28/13 physical therapy chart note documented completion of 10/12 visits with left shoulder passive range of motion after manual therapy to 150 degrees flexion, 80 degrees external rotation, and 45 degrees internal rotation. The medical records indicated that patient completed 12 authorized physical therapy visits with three additional visits authorized 1/9/14. The 2/4/14 treating physician report indicated that the patient had plateau despite aggressive physical therapy stretching. Pain was rated 2-3/10. Active range of motion testing documented 140 degrees flexion, external rotation 35, internal rotation to the sacrum, abducted internal rotation 40 degrees, and abducted external rotation 60 degrees. There was a firm end-point. The diagnosis was left shoulder adhesive capsulitis. The 2/17/14 utilization review denied the request for left shoulder surgery as there was no documentation of recent comprehensive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder manipulation under anesthesia per report dated 2/4/14, Qty: 1:00: 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, 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, Manipulation under anesthesia.

Decision rationale: The California MTUS guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines (ODG) states 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. The use of physical therapy and injections are recommended for the treatment of adhesive capsulitis. The ODG criteria have not been met. The medical records suggest that the patient has a moderate loss of range of motion with no specific documentation of abduction. There is no evidence that the patient has been provided an injection with physical therapy to attempt to gain further range of motion. Therefore, the request for left shoulder manipulation under anesthesia is not medically necessary.

Left shoulder arthroscopic lysis of adhesions per report dated 2/14/14, Qty: 1:00: 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, Surgery for adhesive capsulitis.

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 California MTUS guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines (ODG) states that surgery for adhesive capsulitis is under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and non-steroidal anti-inflammatory drugs (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 ODG criteria have not been met. There is no detailed documentation that comprehensive guideline-supported conservative treatment had been tried and failed. Therefore, the request for left shoulder arthroscopic lysis of adhesions is not medically necessary.