

Case Number:	CM14-0036045		
Date Assigned:	06/23/2014	Date of Injury:	04/03/2008
Decision Date:	08/13/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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, has a subspecialty in Shoulder and Elbow Surgery and is licensed to practice in California and Utah. 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:

The injured worker is a 54-year-old female who reported an injury on 04/03/2008. The mechanism of injury was not stated. Current diagnoses include right shoulder status post injection and arthroscopic surgery, cervical spine strain/sprain with early degenerative disc disease and a 2 mm herniated nucleus pulposus, and lumbar spine sprain/strain with grade I spondylolisthesis and radiculopathy. The injured worker was evaluated on 01/14/2014, with complaints of neck pain radiating into the bilateral upper extremities and low back pain radiating into the lower extremities. Physical examination revealed well-healed surgical portals in the right shoulder with 160 degrees flexion, 150 degrees abduction, positive subacromial crepitation, and positive subacromial impingement. Treatment recommendations included a right shoulder injection with manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection 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, Shoulder chapter, Manipulation under anesthesia section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation Under Anesthesia.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. Official Disability Guidelines state manipulation under anesthesia is currently under study as an option in adhesive capsulitis in cases that are refractory to conservative therapy lasting at least 3 to 6 months. As per the documentation submitted, the injured worker does not maintain a diagnosis of adhesive capsulitis. There was also no objective evidence of adhesive capsulitis of the right shoulder upon physical examination. There is no mention of an exhaustion of conservative treatment. Based on the clinical information received and the above-mentioned guidelines, the request for a right shoulder injection manipulation under anesthesia is not medically necessary and appropriate.

Pre-operative examination and internal medicine surgical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.