

Case Number:	CM14-0039910		
Date Assigned:	06/27/2014	Date of Injury:	05/13/2010
Decision Date:	07/28/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/04/2014

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:

The claimant is a 49-year-old female injured in a May 13, 2010, work-related accident. The records available for review document an injury to the left shoulder with no indication of prior surgery. The claimant has undergone conservative treatment in the form of subacromial injection, home exercises, physical therapy and medication management. A February 5, 2014, progress report documents complaints of chronic left shoulder pain that are unimproved despite conservative care. Physical examination showed restricted range of motion of 45 degrees of external rotation and 90 degrees of abduction and forward flexion. The records do not reference prior imaging of the claimant's affected shoulder. This request is for a left shoulder manipulation under anesthesia, as well as arthroscopic capsular release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder manipulation arthroscopic capsular release: 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 (acute and chronic), manipulation under anesthesia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS 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 provide criteria relevant to this request. Under the Official Disability Guidelines, manipulation and capsular release surgery would not be indicated in this case. Though this individual is noted to have restricted range of motion, the ODG Guidelines do not recommend arthroscopic capsular release as it remains under study. Furthermore, while this claimant's complaints are noted to be chronic, the records do not reference clinical imaging studies showing internal tissue abnormality and osseous findings. Without confirmation of the diagnosis through imaging, the requested procedure would not be indicated as medically necessary.