

<b>Case Number:</b>	CM14-0041055		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 49-year-old female sustained an industrial injury on 10/29/12. Injury occurred when a bar that was resting on a wall fell onto her left shoulder. She underwent left shoulder arthroscopy with subacromial decompression and acromioclavicular joint resection on 5/2/13. In the post-operative period the patient was noted to have a mass over the anterior inferior surface of the left arm around the axilla that appeared to be a fatty type tumor. The patient underwent a subacromial injection on 10/2/13 with additional therapy documented through 12/4/13. The 12/4/13 and 1/8/14 progress report cited left shoulder range of motion as left abduction 120, forward flexion 130, and external rotation 80 degrees. The 2/12/14 treating physician report cited the patient felt she had plateaued with regard to her left shoulder after surgery with about 60% overall improvement. The patient had a left shoulder MRI three months ago but the results were not available. Left shoulder exam documented well healed scar, tenderness over the greater tuberosity, resisted abduction and external rotation strength 4/5, and negative orthopedic testing. Range of motion testing documented forward flexion 90, abduction 90, internal rotation 60, and external rotation 20 degrees. The diagnosis was left frozen shoulder and rule-out rotator cuff tear. The treatment plan recommended left shoulder manipulation under anesthesia to address her frozen shoulder. The 3/20/14 utilization review denied the requests for left shoulder manipulation under anesthesia, Prophylaxis #30, and physical therapy 3x6. The rationale for this decision was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation under Anesthesia of left shoulder: 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 (ODG) Shoulder, Manipulation under anesthesia (MUA).

**Decision rationale:** The California MTUS guidelines do not provide surgical criteria for manipulation under anesthesia. The Official Disability Guidelines stated 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. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended treatment had been tried and failed. Additionally, the surgeon documented that recent MRI findings had not been available for review to rule-out rotator cuff tear. Therefore, this request is not medically necessary.

**Prophylaxis #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Under consideration is a request for Prophylaxis #30. Records suggest that this request was for "Omeprazole 20 mg reduce NSAIDs gastritis prophylaxis 30 tabs". The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as omeprazole, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Guideline criteria have not been met. This patient does not meet guideline risk factors for gastrointestinal events. There is no indication in the records that the patient has gastrointestinal symptoms. The request for Omeprazole was addressed separately in the 3/20/14 utilization review. Therefore, this request is not medically necessary.

**Physical Therapy 3 visits per week for 6 weeks: 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 Page(s): 26.

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