

Case Number:	CM14-0041983		
Date Assigned:	06/30/2014	Date of Injury:	09/18/2012
Decision Date:	07/23/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/08/2014

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 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 56-year-old male truck driver sustained an industrial injury on 9/18/12, when he fell off a trailer onto the ground from a 4-foot height. Injuries sustained included subdural hematoma, C7 and T6 fractures, fractured ribs 1-5 on the left, a left pneumothorax, and left acromioclavicular joint separation. He was hospitalized for approximately 15 days. The 10/19/12 left shoulder MRI findings were consistent with grade 2-3 acromioclavicular (AC) joint sprain. There was tearing of the AC joint capsule and ligamentous tissue with large AC joint effusion and surrounding edema. He underwent L4/5 hemilaminectomy and microdiscectomy on 2/27/13 and bilateral transforaminal lumbar interbody fusion at L4/5 on 6/26/13. Past medical history was positive for obesity and poorly controlled diabetes. The 1/18/13 orthopedic report documented follow-up of left shoulder AC joint separation with continued pain. He was attending therapy. Physical exam findings documented 130 degrees elevation, 120 degrees abduction, external rotation to 34 degrees, and internal rotation to the sacroiliac joint. There was no rotator cuff muscle weakness. Palpation revealed tenderness over the distal clavicle and sternocleidomastoid muscle. There was a minor amount of superior inferior AC joint instability and a significant amount of anterior and posterior distal clavicle instability. Left shoulder x-rays showed calcification over the coracoacromial ligaments and grade 5 AC separation. A coracoclavicular ligament reconstruction with allograft was recommended. The 10/31/13 physical therapy evaluation documented a frozen shoulder. The 3/13/14 utilization review certified a left shoulder corticosteroid injection and 12 physical therapy sessions. The requests for left shoulder manipulation under anesthesia and 14 day rental of a continuous passive motion unit were denied.

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: 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 Official Disability Guidelines (ODG) Shoulder, Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS does not provide surgical recommendations for chronic shoulder conditions. The Official Disability 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 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered. Guideline criteria have not been met. There is no current clinical evidence available for review that indicates the patient has left shoulder adhesive capsulitis. The most recent exam available regarding the left shoulder is dated 1/18/13. Abduction was documented as 120 degrees. Significant anterior and posterior distal clavicle instability was documented and surgical reconstruction was recommended. There was no documentation of left shoulder surgery or attempted conservative treatment. The 3/13/14 utilization review certified an injection followed by physical therapy which would be appropriate conservative treatment prior to possible manipulation under anesthesia. Therefore, this request for left shoulder manipulation under anesthesia is not medically necessary.

14 day rental of a continuous passive motion unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous passive motion (CPM).

Decision rationale: As the request for left shoulder manipulation under anesthesia is not medically necessary, the request for 14 day rental of a continuous passive motion unit is also not medically necessary.