

Case Number:	CM14-0052380		
Date Assigned:	07/07/2014	Date of Injury:	03/01/2011
Decision Date:	08/14/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pennsylvania. 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 is a 49-year-old female who injured her right shoulder on 3/1/11. The records provided for review documented that, following a course of conservative care, the claimant underwent shoulder arthroscopy, extensive synovectomy, and subacromial decompression on 10/5/12. Post-operatively, the records note that the claimant continued to have complaints of pain. The report of an updated 1/13/14 MR arthrogram of the shoulder was noted to be "unremarkable." The report of the follow up assessment dated 3/7/14 documented residual shoulder complaints and continued pain with activities. Physical examination findings were not documented at that time. The recommendation was made for revision right shoulder arthroscopy and manipulation under anesthesia with eighteen sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of the right shoulder arthroscopy and manipulation under anesthesia between 3/21 2014 and 6/19 2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, page 211 and on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Manipulation under anesthesia (MUA).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines, a revision right shoulder arthroscopy with manipulation under anesthesia would not be indicated. The medical records provided for review do not contain any documentation or information regarding the parameters of this claimant's range of motion of the shoulder to support a manipulation. There is also a lack of documentation of conservative care in the post-operative setting, including injection therapy. When taking into account the claimant's January 2014 MR arthrogram that was interpreted as "unremarkable," the medical records do not indicate the need for operative intervention to include manipulation would not be supported.

Eighteen post operative physical therapy sessions between 3/21/2014 and 6/19/2014:
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).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed right shoulder revision arthroscopy and manipulation under anesthesia is not recommended as medically necessary. Therefore, the request for eighteen sessions of post-operative physical therapy is also not medically necessary.

