

Case Number:	CM14-0053338		
Date Assigned:	07/07/2014	Date of Injury:	11/26/2012
Decision Date:	08/06/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/22/2014

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 Texas. 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 51-year-old male who reported injury on 11/26/2012. The injured worker underwent an MRI of the right shoulder without contrast on 01/14/2013 which revealed a high grade interstitial tear along the anterior leading edge of the distal supraspinatus tendon retracted 5 mm medial to lateral and extending 7 to 8 mm anterior to posterior. There were superimposed mild supraspinatus tendinosis. There was mild subscapularis and infraspinatus tendinosis. There was no labral tear. There was an intact acromioclavicular joint. There was a type 2 lateral down sloping acromion narrowing the lateral supraspinatus outlet. There was mild subacromial deltoid bursitis. The mechanism of injury was not provided. The injured worker underwent an arthroscopic rotator cuff repair. Other treatments included physical therapy and medications. The documentation of 03/26/2014 revealed the injured worker remained fairly stiff in the range of motion. The injured worker had a total range of motion of 50% in rotation and elevation. The strength was good. The impression was arthrofibrosis and capsulitis. The treatment plan included an arthroscopic capsule lower release, and manipulation under anesthesia along with debridement of the subacromial and intra-articular scars. The documentation of 02/26/2014 revealed the patient had elevation of 130 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation with lysis of adhesion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Shoulder Chapter, Manipulation under anesthesia (MUA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation under anesthesia (MUA).

Decision rationale: The Official Disability Guidelines recommend manipulation under anesthesia for cases that are refractory to conservative therapy lasting at least 3 to 6 months where the range of motion remains significantly restricted of abduction less than 90 degrees. The clinical documentation submitted for review indicated the injured worker had a prior surgical procedure in 11/2013. It was indicated the injured worker was still fairly stiff. The total range of motion was 50% in rotation and elevation. However, specific range of motion degrees were not provided. This request would be supported as the injured worker had a diagnosis of adhesive capsulitis. However, the request as submitted failed to indicate the body part to be treated with manipulation with lysis of adhesion. Given the above, the request for manipulation with lysis of adhesion is not medically necessary.