MAXIMUS Federal Services

Case Number:	CM14-0054513		
Date Assigned:	07/07/2014	Date of Injury:	03/21/2012
Decision Date:	09/05/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/23/2014

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 Indiana. 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 79-year-old male s/p slip and fall injury at work on 3/21/12 in which the claimant fell and landed on his left shoulder. He was treated for limited ROM and pain with Advil, Flexeril, Biofreeze, cold packs, and PT. He underwent an MRI of the affected shoulder on 3/29/12 which revealed a full-thickness tear of the supraspinatus tendon with a 1/3 cm gap, a partial thickness tear of the infraspinatus, and a high-grade tear of the subscapularis with mild joint effusion and edema of the subacromial and subdeltoid bursa with AC joint degenerative changes. The claimant underwent surgery on 6/14/12 for a left shoulder arthroscopic rotator cuff repair, subacromial decompression, Mumford procedure, and resection of the long head of the biceps. Post-operatively the claimant received a subacromial steroid injection and physical therapy. The claimant is a diabetic. The claimant had a followup MRI of the shoulder performed on 8/30/13 which showed post-surgical changes with no evidence of a full-thickness rotator cuff tear, labral tear, and mild fluid signal in the glenohumeral joint. Due to continued pain in the left shoulder which increases with overhead activity and lifting, a request was made by the treating physician for authorization for left shoulder manipulation under anesthesia with injection followed with home CPM use and immediate physical therapy with a presumptive diagnosis of adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) shoulder manipulation under anesthesia with injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), Manipulation under anaesthesiaOther Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Shoulder, Specific Conditions, Specific Conditions, Manipulation under anaesthesia.

Decision rationale: According to the ODG guidelines, manipulation of the shoulder under anaesthesia 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. There is some support for manipulation under anesthesia in adhesive capsulitis, based on consistent positive results from multiple studies, although these studies are not high quality. (Colorado, 1998) (Kivimaki, 2001) (Hamdan, 2003) Manipulation under anesthesia (MUA) for frozen shoulder may be an effective way of shortening the course of this apparently self-limiting disease and should be considered when conservative treatment has failed. MUA may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition. (Andersen, 1998) (Dodenhoff, 2000) (Cohen, 2000) (Othman, 2002) (Castellarin, 2004) Even though manipulation under anesthesia is effective in terms of joint mobilization, the method can cause iatrogenic intraarticular damage.According to the ACOEM V.3 Guidelines, Recommendation: Manipulation under Anesthesia for Treatment of Adhesive Capsulitis in Select Patients Manipulation under anesthesia is recommended for treatment of adhesive capsulitis in select patients.Indications Adhesive capsulitis, especially moderate to severely affected patients with pain and loss of active motion who do not respond sufficiently to NSAIDs, injection(s), and hydrodilatation.(1467, 1469)Frequency Generally, only 1 treatment performed; adequate, safe monitoring of anesthesia is required.Strength of Evidence Recommended, Evidence (C)Rationale for RecommendationThere are a few quality trials evaluating MUA for adhesive capsulitis.(1469, 1488, 1554) The highest moderate-quality studies suggested modest benefits when comparing MUA with physiotherapy to physiotherapy alone and suggested modest improvements in ROM.(1488) A moderate-quality trial suggested that injections are of comparable efficacy to MUA.(1554) Another moderate-quality trial suggested that hydrodilatation is superior to MUA.(1469) One moderate-quality trial assessed adjunctive use of intraarticular glucocorticosteroid and found no evidence of benefit of the steroid.(1553) MUA is minimally invasive, except for the anesthesia, but has documented adverse effects,(1467) and is high cost. MUA is recommended for limited use in select patients who fail other treatments with documented efficacy, but who have lower risks for adverse effects.In this claimants case, the claimant was noted on a physical examination on QME performed on 2/4/14 to have 135 degrees of active abduction of the left shoulder, which is above 90 degrees, the maximum cutoff for abduction recommended for manipulation of the shoulder under anaesthesia according to ODG guidelines. For this reason, the requested treatment is not medically necessary.

Home CPM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), Continuous Passive Motion.

Decision rationale: According to ODG guidelines, continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week.In this claimants case, because the surgical procedure requested is not medically necessary and because the duration and frequency of treatment with the home CPM machine is not clearly defined, the requested treatment is not medically necessary.

Immediate Physical Therapy (Unspecified): 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 (Acute and Chronic), Physical Therapy.

Decision rationale: According to ODG Guidelines, Adhesive capsulitis: For adhesive capsulitis, injection of corticosteroid combined with a simple home exercise program is effective in improving shoulder pain and disability in patients. Adding supervised physical therapy provides faster improvement in shoulder range of motion. When used alone, supervised physical therapy is of limited efficacy in the management of adhesive capsulitis.In this claimants case, because the requested surgical treatment is not medically necessary, because physical therapy alone is of limited efficacy in the management of adhesive capsulitis, because the duration and frequency of physical therapy treatments is not clearly defined, and because the claimant does not meet the ODG criteria for definition of adhesive capsulitis (abduction less than 90 degrees), the requested physical therapy is not medically necessary.

Internal medicine evaluation for surgical clearance: 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 (Acute and Chronic), Adhesive Capsulitis.

Decision rationale: Because the requested surgical procedure is not medically necessary, the requested pre-surgical medical clearance is not medically necessary.