MAXIMUS Federal Services

Case Number:	CM14-0063754		
Date Assigned:	07/11/2014	Date of Injury:	03/01/2010
Decision Date:	09/09/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/06/2014

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:

The claimant is a 52-year-old male who sustained a vocational injury while attempting to catch an 80 pound 5 gallon bucket of paint falling from a high shelf on March 1, 2010. The claimant underwent shoulder arthroscopy in 2013 which included Mumford procedure and subacromial decompression including acromioplasty. It was noted that postoperatively he underwent physical therapy at which he would gain significant range of motion and strength, but continues to complain of stiffness and pain with end range, shoulder elevation and any lifting overhead. The most recent office note available for review is from April 14, 2014 at which time he was noted to be still having adhesions. He was noted to never have recovered fully from his previous surgery. He complained of constant burning pain at the anterior glenoid. He was noted to be a diabetic. On exam there was no effusion. Passive range of motion demonstrated abduction to 165 degrees, forward flexion to 170 degrees, external rotation to 40 degrees. Strength was noted to be 4+/5 with supraspinatus. Otherwise it was noted to be 5/5 with rotator cuff musculature. Previous incisions were well healed. Sensation was intact to light touch. He was given the diagnoses of status post shoulder arthroscopy with residual adhesions. Current request is for fixation of right shoulder with manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fixation of shoulder:manipulation under anesthesia.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) treatment Index, 12th edition (web) ,2014, Shoulder, Manipulation under anesthesia.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapterManipulation under anesthesia (MUA).

Decision rationale: California MTUS, ACOEM and Official Disability Guidelines have also been supplemented due to the specificity of the request. California MTUS and ACOEM Guidelines under surgical considerations of the shoulder should only be considered if there is documented activity limitation for more than four months plus the existence of a surgical lesion. There should be documentation the claimant has failed to increase range of motion and strength of the musculature of the shoulder even after exercise program plus the existence of a surgical lesion. Official Disability Guidelines have referenced under the heading of manipulation under anesthesia in the shoulder chapter. Official Disability Guidelines note that manipulation under anesthesia may be considered medically reasonable in cases that are refractory to conservative therapy lasting at least three to six months where range of motion remains significantly restricted which is defined as abduction less than 90 degrees. Based on the documentation presented for review, the claimant does not currently meet California MTUS, ACOEM and Official Disability Guidelines for manipulation under anesthesia to be considered medically necessary. There is no documentation suggesting the claimant has had a minimum of three to six months of continuous conservative treatment in the form of aggressive formal physical therapy as well as a home exercise program. Documentation suggests that abduction is currently greater than 90 degrees and subsequently the medical necessity of the requested procedure is not defined. There is no documentation suggesting the claimant has failed and attempted as well as exhausted a reasonable course of conservative treatment prior to considering manipulation under anesthesia which should include aggressive continuous formal physical therapy and a home exercise program for three to six months, anti-inflammatories, and corticosteroid injections. Furthermore, based on the documentation presented for review and in accordance with California MTUS, ACOEM and Official Disability Guidelines, the request for the manipulation under anesthesia of the shoulder cannot be considered medically necessary.

12 post op physical therapy visits for the right shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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