

Case Number:	CM14-0080209		
Date Assigned:	07/18/2014	Date of Injury:	04/22/2010
Decision Date:	08/18/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/30/2014

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:

This 53-year-old female sustained an industrial injury on 4/22/10. The mechanism of injury was not documented for review. The 5/31/12 right shoulder MRI revealed tendinopathy and intrasubstance delamination that did not communicate with either the bursal or articular surfaces. Records indicated that the right shoulder condition was stable on 12/20/13. Right shoulder range of motion was documented as flexion 110 degrees and abduction 120 degrees on 1/21/14. The 4/3/14 treating physician report cited persistent right shoulder pain with limited range of motion. The patient had a right shoulder block with temporary improvement in symptoms in 2012. Pain could elevate to grade 7-8/10 and interfered with activities of daily living. Right shoulder exam documented marked decrease in flexion and abduction to 80 degrees. There was mild to moderate loss in all other ranges. There was +1 to +2 acromioclavicular, distal biceps, and glenoid capsule pain. The patient was diagnosed with adhesive capsulitis of the right shoulder. The treatment plan recommended right shoulder block at the level of the subacromial and suprascapular nerve and then manipulation under anesthesia. The patient had conservative treatment and adhesive capsulitis/frozen shoulder for more than 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Block Subacromial and Suprascapular, Manipulation under anesthesia:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment In worker's Compensation, Online edition, Shoulder Chapter updated 2/14/12).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS does not provide recommendations for shoulder manipulation under anesthesia or nerve blocks. The Official Disability Guidelines (ODG) 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. The ODG state that suprascapular nerve blocks are a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. It improves pain, disability and range of motion. Guideline criteria have not been met for manipulation under anesthesia. There is no detailed documentation that recent guideline-recommended conservative treatment had been tried and failed. There is significant restriction in shoulder range of motion but no indication that physical therapy had been attempted to address loss of motion. Therefore, this request is not medically necessary.