

Case Number:	CM14-0189701		
Date Assigned:	11/20/2014	Date of Injury:	01/06/2014
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/13/2014

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 New York. 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 case involves a 53-year-old who sustained an injury on January 6, 2014 which resulted in shoulder and back pain. The patient had left shoulder arthroscopy and AC joint debridement in July 2014. The patient had 6 sessions of physical therapy postoperatively. The shoulder remains frozen and the patient continues to take narcotics for pain. An X-ray of the shoulder from October 2014 is normal. The medical records document that the patient still has painful active range of shoulder motion. The records document that with physical therapy this is slowly improving. Physical exam shows reduced range of motion of the left shoulder with normal strength. There is no evidence of instability. At issue is whether additional shoulder treatment modalities are medically necessary at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 Disabilities 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 Chapter

Decision rationale: This patient does not meet criteria for manipulation under anesthesia. Specifically, the medical records indicate that the patient is improving with physical therapy. Additionally, no indication of failed conservative measures has been documented, such as postoperative shoulder injection. Therefore, this request is not medically necessary.

Postoperative physical therapy to treat the left shoulder x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

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

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

28 day rental of a game ready cold therapy & compression unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities 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 Chapter

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