

Case Number:	CM14-0195888		
Date Assigned:	12/03/2014	Date of Injury:	11/10/2009
Decision Date:	01/27/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 Minnesota. 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 48-year-old female with an injury date of 11/10/09. She complains of chronic pain, stiffness, and weakness in her right shoulder. She underwent a subacromial decompression and distal claviclectomy on 4/19/2010. Postoperative MRI scans of the scapula and the brachial plexus on June 20, 2011 were negative. On August 28, 2013 she was complaining of locking of the right shoulder but was able to demonstrate good range of motion. She also had numbness and tingling in her hands, right more than left. Her pain was radiating down the right arm. Pain management notes dated February 4, 2013 document a chronic pain syndrome. She was 7 weeks postop following implantation of a spinal cord stimulator with excellent stimulation throughout the right upper extremity. She was using the spinal cord stimulator all day long. She was turning it off when going to sleep. It allowed her to continue the daily stretching and range of motion exercises. Other treatment included gabapentin, Terocin pain relief lotion, Zanaflex and Zofran. Trigger point injections were performed in the right splenius capitis muscle and right trapezius muscle. An additional diagnosis of thoracic outlet syndrome was also made. In addition, she had clinical features of complex regional pain syndrome. On November 25, 2013 she underwent a right stellate ganglion sympathetic nerve block under fluoroscopic guidance for continuing symptoms of complex regional pain syndrome. Notes document the presence of allodynia and dysesthesias in the right upper extremity. She also had protrusions at C5-6 and C6-7 on a prior cervical MRI. A subsequent note of August 22, 2014 again documents the presence of the complex regional pain syndrome. The documented range of motion was 90 of abduction at that time. Additional notes document color changes in her hands and atrophy of the deltoid. On 10/13/2014 range of motion of the right shoulder was noted to be decreased. Manipulation under anesthesia and lysis of adhesions of the right shoulder with postoperative physical therapy of both shoulders was recommended. This was

noncertified by utilization review on 10/22/2014 for lack of documentation of abduction less than 90 and lack of documentation of a conservative treatment program of injections and exercises of 3 months duration with abduction remaining under 90. The request for physical therapy was also noncertified for lack of objective documentation of the current range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder manipulation and lysis of adhesions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209,210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder, topic: Surgery for adhesive capsulitis, Manipulation under anesthesia.

Decision rationale: The available documentation indicates the presence of a complex regional pain syndrome for which a spinal cord stimulator was inserted and a sympathetic blockade performed. The presence of CRPS is a relative contraindication to the proposed surgery of lysis of adhesions and manipulation of the shoulder as any noxious event can trigger complications of CRPS. Furthermore, the documentation does not indicate a recent rehabilitation program with corticosteroid injections and physical therapy. Guidelines recommend a supervised exercise program for 3-6 months for adhesive capsulitis. The ODG guidelines indicate the clinical course of adhesive capsulitis is self-limiting and conservative treatment with physical therapy and NSAIDs is a good long term treatment. ODG indications for manipulation under anesthesia include abduction less than 90 which is also not documented. Trophic changes of CRPS are documented. This may be associated with osteoporosis and manipulation will carry the additional risk of causing a fracture. In light of the above, the request for lysis of adhesions and manipulation of the shoulder is not supported by guidelines and as such, the medical necessity of the request is not established.

Physical therapy bilateral shoulders 2x6: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Shoulder, Topic: Surgery for adhesive capsulitis, manipulation under anesthesia.

Decision rationale: The guidelines support physical therapy in combination with corticosteroid injections for adhesive capsulitis. Physical therapy is also supported for CRPS. Active therapies help to control swelling, pain, and inflammation. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to one or less, plus active self-directed

home Physical Medicine. The request for physical therapy of bilateral shoulders 2x6 is supported by guidelines and is appropriate and medically necessary for this diagnosis.