

Case Number:	CM14-0214158		
Date Assigned:	01/07/2015	Date of Injury:	01/16/2014
Decision Date:	05/20/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 53-year-old male who sustained an industrial injury on 01/16/2014. He reported right shoulder pain. The injured worker was diagnosed as having right shoulder subluxation. Treatment to date has included physical therapy, shoulder arthrography, steroid injections, and open surgical repair of a right shoulder rotator cuff tear followed by post-operative physical therapy. Currently, (11/12/2014) the injured worker complains of moderate to severe pain over the bicipital region and has a limited range of motion. The plan of care includes the following: Right shoulder arthroscopic lysis of adhesions and manipulation; Associated surgical service: pre-op appointment with [REDACTED] for surgery clearance; and Associated surgical service: post-op physical therapy, 2 times a week for 4 weeks, to start immediately after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Lysis of Adhesions and Manipulation: Upheld

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

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, Manipulation under Anesthesia, Surgery for Adhesive Capsulitis.

Decision rationale: ODG guidelines indicate 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 documentation provided with regard to the range of motion does not meet this requirement. As such, manipulation under anesthesia is not necessary. Surgery for adhesive capsulitis consisting of arthroscopic release of adhesions may be considered for cases failing conservative treatment. Study results support the use of physical therapy and injections for patients with adhesive capsulitis. The clinical course of this condition is considered self-limiting and conservative treatment is a good long-term treatment regimen. As such, the request for manipulation under anesthesia and surgery for adhesive capsulitis is not supported and the medical necessity of the request has not been substantiated.

Pre-Operative Appointment for Surgery Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-Operative Physical Therapy (2 times a week for 4 weeks, to start immediately after surgery): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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