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| Case Number: | CM14-0075173 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 05/08/2013 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/22/2014 |

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 male who reported an injury on 05/18/2013. The surgical history included a left acromioplasty and Mumford procedure. The mechanism of injury occurred when the injured worker was hanging by the left arm after nearly falling at work. The injured worker's medication included Celebrex and Vicodin. The injured worker underwent an arthroscopic acromioplasty, Mumford, and debridement of a partial rotator cuff tear on 11/08/2013. Diagnostic studies were not provided. Other therapies included physical therapy. The documentation of 04/10/2014 revealed the injured worker was 5 months postoperative. The injured worker made minimal improvement with physical therapy and home therapy. The left shoulder range of motion was 160/40/40 with pain and guarding at extremes of motion. There was no tenderness at the AC joint. There was no pain or weakness with abduction strength testing. The biceps were symmetrical bilaterally. The diagnoses included postoperative adhesive capsulitis. The treatment plan included, as the injured worker had failed to regain full range of motion, the injured worker was a candidate for manipulation under anesthesia and possible arthroscopic lysis of adhesions. The injured worker underwent x-rays of the left clavicle and an MRI of the left shoulder prior to surgical intervention. This request was previously denied, as there was near full motion in elevation and minimal to moderate loss of rotation. The elevation was 160 degrees. Deficits were minimal, and such the surgical intervention was previously non-certified. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative CBC, CMP, A1C: 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.

Left shoulder manipulation under anesthesia 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 Official Disability Guidelines, Shoulder, manipulation under anesthesia

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

Decision rationale: The Official Disability Guidelines indicate that manipulation under anesthesia is appropriate when there are cases that are refractory to conservative therapy lasting at least 3 to 6 months where range of motion remains significantly restricted with abduction less than 90 degrees. The clinical documentation submitted for review indicated the injured worker had more than 90 degrees of abduction. There was a lack of documentation of a failure of conservative care. Given the above, the request for left shoulder manipulation under anesthesia and lysis of adhesions is not medically necessary.