MAXIMUS Federal Services

Case Number:	CM15-0102046		
Date Assigned:	06/04/2015	Date of Injury:	03/12/2010
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/27/2015

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: Illinois, California, Texas
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 is a 44-year-old female who sustained an industrial injury on 3/12/10. The mechanism of injury was not documented. Records indicated that the injured worker had been diagnosed with reflex sympathetic dystrophy of the left upper extremity and had undergone multiple stellate ganglion blocks, most recently on 12/29/14. The 5/7/15 treating physician report cited complaints of left shoulder and elbow pain. Last exam was on 2/4/13 and a repeat manipulation under anesthesia of the elbow had been recommended at that time. Physical exam documented functional left shoulder passive range of motion with referred pain in the scapulothoracic region with crepitus. The left elbow notes an active assist range of motion with full flexion to 160 degrees and extension to 65 degrees. On the contralateral shoulder and elbow, there was full unrestricted range of motion. X-rays of the left shoulder were obtained and showed normal mineralization of the shoulder with no bony effects. The acromioclavicular joint and acromion were of normal contour and development. The diagnosis was residual adhesions left shoulder and left elbow arthrofibrosis. Authorization was requested for manipulation under anesthesia of the left upper extremity including the shoulder and elbow. A hinged elbow brace was requested so that it could be placed at the time of manipulation in full extension to prevent recurrence of adhesions. A pre-operative sympathetic ganglion block of the left upper extremity was requested to minimize sympathetic mediated pain. The 5/21/15 utilization review non-certified the request for closed manipulation of the left shoulder as the injured worker was stated to have a functional range of motion. The request for closed manipulation of the left elbow was non-certified as the guidelines do not recommend this procedure and there were no special

circumstances documented that would indicate that guideline recommendations should not be followed. Associated surgical requests were non-certified as the surgeries were not found medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Closed Manipulation Left Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Manipulation under anesthesia.

Decision rationale: The California MTUS guidelines do not provide surgical criteria for manipulation under anesthesia. The Official Disability Guidelines stated that manipulation under anesthesia is under study as an option for 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 use of physical therapy and injections are recommended for the treatment of adhesive capsulitis. Guideline criteria have not been met. This injured worker presents with functional shoulder range of motion with no clinical exam evidence suggestive of adhesive capsulitis. Detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Closed Manipulation Left Elbow application of Hinged Long Arm Brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS guidelines do not provide surgical criteria for manipulation under anesthesia of the elbow. The Official Disability Guidelines do not recommend manipulation under anesthesia as there are no quality studies. In case series outcomes for stiff elbow may be no better than the natural history of the condition. There is no compelling rationale to support the medical necessity of manipulation under anesthesia in the elbow as an exception to guidelines. Therefore, this request is not medically necessary.

12 Post-Operative Physical Therapy sessions 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 26.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Hinged Elbow Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41-42.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.