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| Case Number: | CM15-0139025 | | |
| Date Assigned: | 07/29/2015 | Date of Injury: | 03/21/2012 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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: California, Oregon, Washington
 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 63 year old male, who sustained an industrial injury on 3-21-2012. He reported injuries to his right shoulder and right elbow due to falling. Diagnoses have included right elbow lateral epicondylitis, status post right elbow lateral release (September 2013) and right shoulder, rotator cuff tear with impingement syndrome, status post right shoulder arthroscopic rotator cuff repair with glenohumeral debridement (February 2014). Treatment to date has included surgery, physical therapy, Dynasplint and medication. According to the progress report dated 6-11-2015, the injured worker complained of ongoing right shoulder pain rated eight out of ten. He reported using the Dynasplint regularly. The injured worker had failed to improve and still displayed significant limitation of right shoulder motion on exam. The treatment plan was for right shoulder manipulation under anesthesia. Authorization was requested for twelve sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-Manipulation Physical Therapy Sessions for the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 26, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for adhesive capsulitis. Per ODG shoulder section, the clinical course of this condition is self-limiting. There is insufficient literature to support capsular distention, arthroscopic lysis of adhesions/capsular release or manipulation under anesthesia (MUA) Based on the above, the requested procedure is not medically necessary. Since the manipulation under anesthesia is not medically necessary then the postoperative physical therapy is not medically necessary by the same rationale. Per the note from 6/11/15 this patient has been indicated for a shoulder manipulation under anesthesia. The MTUS does specify postoperative treatment of adhesive capsulitis to include physical therapy to include 24 visits over 14 weeks. Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months.