

Case Number:	CM15-0146408		
Date Assigned:	08/07/2015	Date of Injury:	02/16/2014
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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:

This injured worker is a 51-year-old male who sustained an industrial injury on 2/16/14. Injury occurred when he lifted a patient off the floor while working as a certified nursing assistant. The 5/16/14 right shoulder MRI impression documented acromioclavicular (AC) osteoarthritis. The 5/30/14 right shoulder MR arthrogram impression documented no evidence of occult rotator cuff tear or glenoid labral pathology. Conservative treatment included medications, wrist brace, activity modification, shoulder injection, and physical therapy. The 1/20/15 initial treating physician report cited complaints of neck, right shoulder and upper back pain, and anxiety. He complained of constant right shoulder pain exacerbated to a moderate to severe level with flexion, extension, abduction, gripping, pushing, pulling, and working above shoulder height. Shoulder exam documented bilateral trapezius tenderness and spasms and tenderness over the right AC joint. Left shoulder range of motion was within normal limits. Right shoulder range of motion testing documented flexion 100, extension 20, abduction 90, adduction 30, and internal/external rotation 80 degrees. Cross-over, Neer, and Hawkins-Kennedy tests were positive. Apprehension tests were negative. Upper extremity strength testing was within normal limits. The diagnosis included cervical radiculopathy, upper back strain with radiculopathy, right shoulder sprain and tendinitis, and chronic pain. The treatment plan recommended physical therapy, medications, referral to a chiropractor and psychiatrist, right shoulder MRI, electrodiagnostic studies, and modified duty. He underwent percutaneous epidural decompression neuroplasty of the right C3 nerve root and right suprascapular nerve block with right shoulder joint injection and right shoulder mobilization on 4/15/15. The 5/15/15 cervical

spine MRI impression documented mild degenerative disease at C3/4 and C6/7, and mild to moderate neuroforaminal stenosis at C6/7. The 4/10/15 to 6/16/15 treating physician reports cited on-going grade 6-7/10 pain and right shoulder/arm range of motion unchanged. The 7/6/15 treating physician report cited continued grade 8-9/10 pain with unchanged neck and right shoulder range of motion. Physical therapy has been on hold. Physical exam documented abnormal left shoulder range of motion with positive impingement signs. Authorization was requested for right shoulder mobilization. The 7/21/15 utilization review non-certified the request for right shoulder mobilization as the injured worker had undergone the same procedure on 4/15/15 with no rationale for why a repeat procedure was being requested at this time. Additionally, there was no objective evidence of adhesive capsulitis or failure of 3 to 6 months of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder mobilization: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. 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 neck and shoulder pain with range of motion reported as abnormal. There is no specific documentation of the range of motion limitations to evidence adhesive capsulitis. There is no evidence of improvement with prior shoulder mobilization or subsequent physical therapy. 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. There is no compelling rationale to support the medical necessity of a repeat right shoulder mobilization in the absence of detailed clinical exam evidence of adhesive capsulitis and documented failure of recommended conservative treatment. Therefore, this request is not medically necessary.