

Case Number:	CM15-0161359		
Date Assigned:	08/28/2015	Date of Injury:	04/15/2014
Decision Date:	09/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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 54-year-old male who sustained an industrial injury on 4/16/14, relative to a fall. Past medical history was positive for type II insulin-dependent diabetes mellitus. He underwent diagnostic arthroscopy with synovectomy, debridement of type 1 SLAP tear with subacromial decompression, distal clavicle excision, and extensive debridement on 12/17/14. He underwent 24 sessions of post-operative physical therapy. The 5/11/15 physical therapy evaluation noted that the injured worker had right shoulder pain with activities of daily living at home and intermittent numbness and tingling into the right upper extremity. Right shoulder exam documented range of motion as flexion 140, abduction 150, external rotation 20, and internal rotation 30 degrees. There was tenderness to palpation over the right shoulder joint and 4-/5 strength. The treatment plan included 12 visits. The 5/26/15 treating physician report cited complaints of right shoulder and upper extremity pain. Pain radiated to the right hand and was associated with numbness in the hands. He reported overhead reaching; lifting, pushing, pulling, and gripping aggravated his symptoms. He was continuing treatment at a chiropractic facility. He had canceled physical therapy secondary to increased pain and was doing arm exercises at home. Right shoulder exam documented flexion 150, abduction 120, and external rotation 45 degrees with internal rotation to T12, and 4/5 muscle weakness. Authorization was requested for manipulation under anesthesia of the right shoulder with post-op physical therapy. The 6/23/15 treating physician report cited unchanged subjective complaints. He was continuing with acupuncture, doing exercise and stretches at home, and was taking medications. He had received chiropractic and physical therapy treatments. Right shoulder exam documented flexion 140,

external rotation 50, and internal rotation 50 degrees with 4/5 weakness. Authorization was again requested for manipulation under anesthesia and post-op physical therapy. The 7/21/15 treating physician report indicated that the injured worker had a frozen right shoulder that was getting worse with decreased range of motion. Right shoulder range of motion was documented as forward flexion 120, abduction 90, internal rotation 20, and external rotation 20 degrees with tenderness to palpation over the acromioclavicular joint and 4/5 manual muscle testing. The diagnosis included adhesive capsulitis. The treatment plan recommended continued home exercise program to prevent worsening of the right frozen shoulder. Authorization was requested for manipulation under anesthesia (MUA) right shoulder, and post-MUA physical therapy 3 x 4. The 8/12/15 utilization review non-certified the manipulation under anesthesia and post-op physical therapy as there was no current physical therapy or injections noted, no detailed discussion of home exercise program, and no interval imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia (MUA) right shoulder #2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation under anesthesia (MUA).

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 (MUA).

Decision rationale: The California MTUS guidelines do not provide surgical recommendations for adhesive capsulitis. The Official Disability Guidelines state that manipulation under anesthesia is under study as an option for adhesive capsulitis. Guidelines indicate that the efficacy of manipulation under anesthesia, injection and physical therapy are comparable 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. Guideline criteria have been met. This injured worker presents with persistent right shoulder function-limiting pain and limited range of motion. Clinical exam findings documented progressive loss of right shoulder range of motion consistent with adhesive capsulitis, and persistent right upper extremity weakness. Detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary at this time.

Post-MUA physical therapy 3 x 4: Overturned

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

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

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of adhesive capsulitis suggest a general course of 24 post-operative physical medicine visits over 14 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. Guideline criteria have been met. This initial request for post-op physical therapy is consistent with guideline recommendations. Therefore, this request is medically necessary.