

Case Number:	CM15-0186363		
Date Assigned:	09/28/2015	Date of Injury:	05/31/2013
Decision Date:	11/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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 58 year old female who sustained an industrial injury on 5/31/13. Injury occurred when she turned a hallway corner, slipped and fell. She had a laptop bag on her right shoulder at the time of the fall and pulled the shoulder with immediate onset of sharp pain. She underwent right shoulder arthroscopic rotator cuff repair on 3/31/14. Records documented updated imaging was performed in September 2014 with no reported evidence of re-tear. The 4/2/15 treating physician report documented right shoulder range of motion as abduction 90, flexion 90, internal rotation 45, external rotation 45, adduction 30, and extension 30 degrees. A corticosteroid injection was performed that physical therapy was requested 2x6. She attended 11 visits of physical therapy from 5/6/15 to 6/9/15. The 6/9/15 physical therapy progress report documented right shoulder passive range of motion had improved as follows: Flexion 105 to 130 degrees, abduction 75 to 95 degrees, and external rotation 40 to 60 degrees. There was slight improvement in strength from 3-/5 to 3/5. She had been provided a home exercise program. The 7/1/15 cervical spine MRI documented multilevel disc herniations and degenerative changes with nerve root compromise at the C4/5, C5/6 and C6/7 levels. There was a grade 1 anterolisthesis of C4 over C5 and a grade 1 retrolisthesis of C5 over C6. The 7/7/15 initial orthopedic report cited complaints of headaches, neck pain, bilateral shoulder pain with associated numbness, tingling, and weakness of the hands/arms, and anxiety. The injured worker underwent right shoulder surgery in 2014 with significant reduction in pain. She was still attending post-op physical therapy when she fell injuring the left shoulder and cervical spine. Right shoulder exam documented tenderness to palpation over the tip of the acromion and biceps tendon. Right shoulder range of motion was documented as abduction 90, forward flexion 100, internal rotation 60, external rotation 30, and extension 20 degrees. The diagnosis was right shoulder status post

rotator cuff arthroscopic repair, frozen right shoulder, and left shoulder impingement syndrome. Authorization was requested for manipulation under anesthesia to release adhesions followed by immediate physical therapy. The 9/1/15 treating physician report indicated that he had lost track of this injured worker but she returned for follow-up. The diagnosis was unchanged. Range of motion had not improved. Authorization was requested for right shoulder manipulation under anesthesia, post-op physical therapy 3x4, an arm sling, and medical clearance. The 9/14/15 utilization review non-certified the right shoulder manipulation under anesthesia and associated surgical requests as there was no updated imaging provided, no current documentation of active and passive range of motion, and no discussion of comprehensive conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Manipulation under Anesthesia: Overturned

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

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. 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 pain and weakness. She was status post right shoulder rotator cuff repair in 2014 with no imaging evidence of subsequent re-tear. Clinical exam findings are consistent with adhesive capsulitis. Detailed evidence of at least 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy, home exercise, and corticosteroid injection, and failure has been submitted. Therefore, this request is medically necessary.

Post-Op Physical Therapy, 12-sessions, 3 times a week for 4-weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

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. 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. If it is determined that additional

functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical period. This is the initial request for post-operative physical therapy and consistent with guideline recommendations. Therefore, this request is medically necessary.

Associated Surgical Service: Arm Sling: Overturned

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Activity Modification, Summary.

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Slings are recommended as an option for patients with acromioclavicular separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. Guideline criteria have been met. The use of a post-operative sling is generally indicated. Therefore, this request is medically necessary.

Associated Surgical Service: Medical Clearance: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, plausible long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.