MAXIMUS Federal Services

Case Number:	CM15-0197215		
Date Assigned:	10/16/2015	Date of Injury:	12/16/2014
Decision Date:	12/01/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/07/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old male, who sustained an industrial-work injury on 12-16-14. A review of the medical records indicates that the injured worker is undergoing treatment for adhesive capsulitis right shoulder, ruptured rotator cuff and superior glenoid labrum lesion. Treatment to date has included pain medication Non-steroidal anti-inflammatory drugs with pain relief, right shoulder rotator cuff repair, shoulder immobilizer, physical therapy at least 12 sessions with no benefit, and other modalities. The Magnetic Resonance Arthrogram (MRA) of the right shoulder dated 3-13-15 revealed near full thickness tear of distal supraspinatus tendon, mild subscapularis tendon tendinosis changes and probable superior labrum tear. Medical records dated 8-27-15 indicate that the injured worker is 12 weeks status post arthroscopic rotator cuff repair with debridement of the labrum and decompression with moderate pain that continues and stiffness. The physical therapy note dated 8-9-15 revealed that the injured worker reports that he is still struggling to get more mobility with overhead reaching and reaching behind his back. He continues to have right neck and shoulder girdle pain with numbness and tingling and difficulty sleeping at night. Per the treating physician report dated 8-27-15 the injured has not returned to work. The physical exam dated 8-27-15 revealed the right shoulder has pain with movement and incisions are clean and dry. The right shoulder range of motion was 120 degrees flexion with pain, 60 degrees extension without pain, 90 degrees abduction with pain, 20 degrees internal rotation with pain, and 0 degrees external rotation with pain. There is moderate painful arc on right. The request for authorization date was 8-27-15 and requested services included Right shoulder manipulation under anesthesia, Postoperative physical therapy for the right shoulder, 12 visits and Associated Surgical Service: Game Ready cold therapy

and compression unit. The original Utilization review dated 9-3-15 non-certified the request for Right shoulder manipulation under anesthesia, Postoperative physical therapy for the right shoulder 12 visits and Associated Surgical Service: Game Ready cold therapy and compression unit.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Manipulation under anesthesia (MUA).

Decision rationale: The injured worker sustained a work related injury on 12-16-14. The medical records provided indicate the diagnosis of adhesive capsulitis right shoulder, ruptured rotator cuff and superior glenoid labrum lesion. Treatment to date has included pain medication Non-steroidal anti-inflammatory drugs with pain relief, right shoulder rotator cuff repair, shoulder immobilizer, physical therapy at least 12 sessions with no benefit, and other modalities. The medical records provided for review do not indicate a medical necessity for Right shoulder manipulation under anesthesia. The MTUS shoulder chapter is silent on this topic, but the low back chapter recommends against it due to lack of high quality studies supporting its use. The Official Disability Guidelines stated it is under study as an option in 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 degrees), manipulation under anesthesia may be considered. The Official Disability Guidelines also stated, "Even though manipulation under anesthesia is effective in terms of joint mobilization, the method can cause iatrogenic intraarticular damage." Therefore, considering the potential risk of intrataicular damage, it is too early to embark on this procedure that is considered to be understudy and not yet accepted by the MTUS. The request is not medically necessary.

Postoperative physical therapy for the right shoulder, 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 12-16-14. The medical records provided indicate the diagnosis of adhesive capsulitis right shoulder, ruptured rotator cuff and superior glenoid labrum lesion. Treatment to date has included pain medication

Nonsteroidal anti-inflammatory drugs with pain relief, right shoulder rotator cuff repair, shoulder immobilizer, physical therapy at least 12 sessions with no benefit, and other modalities. The medical records provided for review do not indicate a medical necessity for Post-operative physical therapy for the right shoulder, 12 visits. The medical records indicate the injured worker has not had any significant improvement despite about 12 post-surgical visits. The MTUS recommends the following postsurgical physical medicine treatment for Complete rupture of rotator cuff (ICD9 727.61; 727.6): Postsurgical treatment: 40 visits over 16 weeks; Postsurgical physical medicine treatment period: 6 months. Although a general course of 40 visits is recommended, the MTUS recommends starting with an Initial course of therapy, meaning one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations and extending up to the total number (in this case 40 visits) based on documented improvement. The medical records indicate the injured worker has not had significant improvement despite the treatment; therefore, the requested treatment is not medically necessary.

Associated Surgical Service: Game Ready cold therapy and compression unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Game Ready, Accelerated recovery system.

Decision rationale: The injured worker sustained a work related injury on 12-16-14. The medical records provided indicate the diagnosis of adhesive capsulitis right shoulder, ruptured rotator cuff and superior glenoid labrum lesion. Treatment to date has included pain medication Non-steroidal anti-inflammatory drugs with pain relief, right shoulder rotator cuff repair, shoulder immobilizer, physical therapy at least 12 sessions with no benefit, and other modalities. The medical records provided for review do not indicate a medical necessity for Associated Surgical Service: Game Ready cold therapy and compression unit. The MTUS is silent on Games ready, but the Official Disability Guidelines does not recommend Game ready until there are quality studies to support its use in the shoulders. The request is not medically necessary.