MAXIMUS Federal Services

Case Number:	CM15-0031320		
Date Assigned:	02/24/2015	Date of Injury:	07/15/2010
Decision Date:	05/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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
Certification(s)/Specialty: Orthopedic Surgery, Sports 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 54-year-old male who reported injury on 07/15/2010. The mechanism of injury was the injured worker was lifting a piece of 4 x 8 plywood out of some mud. The documentation indicated the injured worker was postoperative for the left shoulder. Treatments to date included physical therapy and an MRI of the left shoulder. The injured worker underwent a subacromial decompression, rotator cuff repair, labral repair and biceps tenodesis on 04/02/2014. Documentation of 01/19/2015 revealed the injured worker had no improvement in symptoms. The steroid injection did not help. The injured worker reported popping, grinding and stiffness of the shoulder. The physical examination revealed no scapular winging. There was tenderness over the anterior rotator interval, AC joint and greater tuberosity. There is mild subacromial crepitation. The injured worker had abduction of 130 degrees on the left side. The Neer test, Hawkins test, apprehension test, posterior provocation test, and cross body test were painful. The Speed's test was moderately painful. The O'Brien's test was painful. Sensation was normal and rotator cuff strength was 5/5 in all directions. Diagnoses included left shoulder status post arthroscopy, subacromial decompression, rotator cuff repair, SLAP repair and open biceps tenodesis and there was another diagnosis including persistent stiffness and contracture of the left shoulder. The treatment plan included manipulation under anesthesia and possible arthroscopic lysis of adhesions and postoperative physical therapy. There is a Request for Authorization submitted for review dated 01/28/2015. The injured worker underwent an MRI of the left shoulder, revealed an intact cuff repair and subacromial/subdeltoid bursitis. The long head of the biceps tendon was not visible and was opined to possibly be torn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder, manipulation under anesthesia and possible arthroscopic lysis of adhesion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 209 and 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc/odgtwc/shoulder.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation under Anesthesia.

Decision rationale: The Official Disability Guidelines indicate 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 to 6 months where range of motion remains significantly restricted with abduction of less than 90 degrees. Manipulation under anesthesia may be considered. The clinical documentation submitted for review indicated the injured worker had abduction of 130 degrees on the left side. There was a lack of documentation of exceptional factors. The documentation failed to indicate the conservative care. Given the above, the request for left shoulder, manipulation under anesthesia and possible arthroscopic lysis of adhesion is not medically necessary.

Pre-operative EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op physical therapy for left shoulder (eval and 11 sessions = 12 sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pain medication (not listed): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op antibiotics (not listed): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.