

Case Number:	CM15-0040246		
Date Assigned:	03/10/2015	Date of Injury:	06/04/2014
Decision Date:	04/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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

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 44-year-old female, who sustained an industrial injury on 6/04/2014. The symptoms reported at the time of the initial injury have not been provided. She was diagnosed as having shoulder impingement status post VASAD, ACA, debridement and lysis. Treatment to date has included physical therapy. Per the Primary Treating Physician's Progress Report dated 2/03/2015, the injured worker reported slow improvement with physical therapy. Physical examination revealed strength 4+/5 and frozen shoulder developing. Range of motion was restricted. The plan of care included continuation of physical therapy and manipulation under anesthesia. Authorization was requested on 2/04/2015 for manipulation under anesthesia, right shoulder and 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under Anesthesia, Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for adhesive capsulitis.

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the ODG Shoulder section, surgery for adhesive capsulitis, "Under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment." The guidelines recommend an attempt of 3-6 months of conservative therapy prior to contemplation of manipulation and when range of motion remains restricted (abduction less than 90 degrees). In this case, there is insufficient evidence of failure of conservative management in the notes submitted from 2/3/15. Until a conservative course of management has been properly documented, satisfying the guidelines, Manipulation under Anesthesia, right shoulder is not medically necessary.