

Case Number:	CM15-0047734		
Date Assigned:	03/19/2015	Date of Injury:	10/09/2012
Decision Date:	05/12/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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: Minnesota, Florida
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 45 year old male, who sustained an industrial injury on 10/9/2012. Diagnoses have included right rotator cuff tear, right frozen shoulder and cervical herniated nucleus pulposus (HNP) with radiculopathy. Treatment to date has included magnetic resonance imaging (MRI) and physical therapy. The injured worker underwent arthroscopic repair of a torn rotator cuff tendon tear on 8/13/2014. According to the Primary Treating Physician's Progress Report dated 1/15/2015, the injured worker complained of increased stiffness in right shoulder with decreased range of motion and increasing pain in right scapula and upper back. Physical exam revealed positive trapezial spasm, tightness and tenderness to palpation. There was positive rhomboids tenderness to palpation. The requested treatments are peer to peer right shoulder video arthroscopy, manipulation with possible rotator cuff repair revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peer To Peer Right Shoulder Video Arthroscopy, Manipulation With Possible: 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), shoulder, manipulation under anesthesia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Section: Shoulder, Topic: Manipulation under anesthesia.

Decision rationale: ODG guidelines recommend manipulation under anesthesia 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 with abduction less than 90. Documentation does not indicate the presence of this indication. ODG indications for surgery for a rotator cuff repair include the presence of a full-thickness rotator cuff tear AND cervical pathology and frozen shoulder syndrome have been ruled out. In this case there is a frozen shoulder syndrome and cervical pathology. As such, the rotator cuff repair is not indicated per ODG guidelines. As such, the request for manipulation under anesthesia and rotator cuff repair is not supported and the medical necessity of the request has not been substantiated.

Peer To Peer Rotator Cuff Repair Revision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Surgery for rotator cuff repair.

Decision rationale: ODG guidelines recommend manipulation under anesthesia 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 with abduction less than 90. Documentation does not indicate the presence of this indication. ODG indications for surgery for a rotator cuff repair include the presence of a full-thickness rotator cuff tear AND cervical pathology and frozen shoulder syndrome have been ruled out. In this case there is a frozen shoulder syndrome and cervical pathology. As such, the rotator cuff repair is not indicated per ODG guidelines. As such, the request for manipulation under anesthesia and rotator cuff revision repair is not supported and the medical necessity of the request has not been substantiated.