MAXIMUS Federal Services

Case Number:	CM15-0047796		
Date Assigned:	03/19/2015	Date of Injury:	01/04/2011
Decision Date:	05/12/2015	UR Denial Date:	03/03/2015
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: 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 female who reported an injury on 01/04/2011 due to an unspecified mechanism of injury. She is noted to be status post left shoulder surgery. On 02/12/2015, she presented for an evaluation regarding her work related injury. She noted that her left shoulder was improving slowly with therapy and home exercises that she was doing 4 times a day. She continued to note pain and limited motion with overhead use and reaching behind the back. On examination, left shoulder range of motion was 170/50/30 with a firm endpoint and minimal pain. There was no tenderness at the AC joint, the biceps were symmetrical, and there was mild weakness with external rotation and abduction strength testing. She was diagnosed with status post acromioplasty, Mumford and rotator cuff repair. It was recommended that she continue with physical therapy and also stated that she may benefit from manipulation under anesthesia. The treatment plan was for manipulation under anesthesia and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder manipulation with anesthesia, possible lysis of adhesions: 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), Manipulation under anesthesia (MUA).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation under anesthesia.

Decision rationale: According to the California ACOEM Guidelines, surgical consultation may be indicated for those who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength with exercise programs, and clear clinical imaging evidence of a lesion that has been shown to benefit from surgical repair. The Official Disability Guidelines indicate that manipulation under anesthesia is under study for adhesive capsulitis, but that in cases that is 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 documentation provided does not show that the injured worker has failed at least 3 to 6 months of conservative therapy to support the requested intervention. Also, further clarification is needed regarding the injured worker's range of motion scores, as it is unclear if she has abduction of less than 90 degrees. Furthermore, she does not appear to have any significant functional deficits and she was noted to be improving. Therefore, the request is not supported. As such, the request is not medically necessary.

Pre op CBC/CMP LabCorp: 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 Norco 7.5mg #100: 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, twelve (12) visits: 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.