

Case Number:	CM15-0066567		
Date Assigned:	04/22/2015	Date of Injury:	06/23/2014
Decision Date:	07/29/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/08/2015

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: New York

Certification(s)/Specialty: Neurological 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 (IW) is a 45 year old female who sustained an industrial injury on 06/23/2014. She reported sharp pain in the right arm and elbow that radiates to the upper back and shoulder. The injured worker was diagnosed as having right lateral epicondylitis, sprain/strain elbow, right pain-arm, sprain/strain shoulder, arm other. Treatment to date has included oral pain medications and use of moist heating pad. The injured worker was also given work restrictions and referred to physical therapy. During the exam of February 24, 2015, it was noted that the worker continued to experience right shoulder and right elbow pain that got progressively worse despite acupuncture, physical therapy, and medication. The treatment plan was for right shoulder manipulation under anesthesia with arthroscopic capsular release. Requests for authorization were submitted for the following: Pre-operative medical clearance; Post-operative cold therapy unit, seven day rental; Post-operative cold therapy unit, seven day rental; Post-operative physical therapy for the right shoulder, 24 sessions; Post-operative Motrin 800mg #90; Post-operative Norco 5mg #60; and Diagnostic MRI of the right shoulder.

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 with arthroscopic capsular release: 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 Chapter.

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

Decision rationale: The California MTUS guidelines recommend surgery when there is clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Documentation does not show the presence of such a lesion. The ODG guidelines note that MUA is under study. The requested treatment: Right shoulder manipulation under anesthesia with arthroscopic capsular release is not medically necessary and appropriate.

Preoperative medical clearance: 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.

Postoperative cold therapy unit, seven day rental: 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.

Postoperative physical therapy for the right shoulder, 24 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.

Postoperative Motrin 800mg #90: 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.

Postoperative Norco 5mg #60: 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.

Diagnostic MRI of the right shoulder: 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.