

Case Number:	CM15-0082311		
Date Assigned:	05/04/2015	Date of Injury:	12/13/2013
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male, who sustained an industrial injury on December 13, 2013. He reported right shoulder pain. The injured worker was diagnosed as having status post right shoulder rotator cuff tear and biceps rupture, status post-surgical intervention of the right shoulder and persistent limited range of motion. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued right shoulder pain and decreased range of motion. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 10, 2015, revealed continued pain and popping sensation of the right shoulder. Physical therapy and right shoulder manipulation under anesthesia was requested.

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 (MUA): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Shoulder.

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

Decision rationale: The claimant sustain a work injury and descend were 2013 and continues to be treated for right shoulder pain with decreased range of motion. He underwent a right arthroscopic rotator cuff repair with subacromial decompression and debridement on 09/04/14. When seen, there had been an overall 30% improvement. There was decreased range of motion including abduction of 65 degrees. There was decreased strength and positive impingement testing. Authorization for arthroscopic debridement with manipulation under anesthesia and additional physical therapy was requested. Manipulation under anesthesia (MUA) can be considered in cases that are refractory to conservative therapy lasting at least 6 months and there is ongoing significantly restricted range of motion with abduction less than 90 degrees. In this case, the criteria are met and the request is medically necessary.

Right should scope/extens: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Surgery for adhesive capsulitis.

Decision rationale: The claimant sustain a work injury and descend were 2013 and continues to be treated for right shoulder pain with decreased range of motion. He underwent a right arthroscopic rotator cuff repair with subacromial decompression and debridement on 09/04/14. When seen, there had been an overall 30% improvement. There was decreased range of motion including abduction of 65 degrees. There was decreased strength and positive impingement testing. Authorization for arthroscopic debridement with manipulation under anesthesia and additional physical therapy was requested. Although surgery for adhesive capsulitis remains under study, there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. In this case, the claimant had surgery for a rotator cuff rupture and manipulation under anesthesia is being planned. Simultaneous release of adhesions with debridement would be appropriate for both diagnostic and potentially therapeutic purposes. The request is therefore medically necessary.

Physical therapy x 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The claimant sustain a work injury and descend were 2013 and continues to be treated for right shoulder pain with decreased range of motion. He underwent a right arthroscopic rotator cuff repair with subacromial decompression and debridement on 09/04/14. When seen, there had been an overall 30% improvement. There was decreased range of motion including abduction of 65 degrees. There was decreased strength and positive impingement testing. Authorization for arthroscopic debridement with manipulation under anesthesia and additional physical therapy was requested. Physical therapy following the proposed surgery can include up to 24 visits over 14 weeks. The request is well within that guideline and can be considered medically necessary.