

Case Number:	CM15-0084133		
Date Assigned:	05/06/2015	Date of Injury:	05/06/2013
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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, Indiana, Oregon
 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 60 year old female, who sustained an industrial injury on 5/6/13. Initial complaints were not reviewed. The injured worker was diagnosed as having right adhesive capsulitis; left shoulder impingement syndrome. Treatment to date has included status post open rotator cuff repair, subacromial decompression and distal clavicle excision (12/8/14); physical therapy; medications. Diagnostics included X-rays cervical spine (10/31/14). Currently, the PR-2 notes dated 3/3/15 indicated the injured worker complains of shoulder pain. She is six weeks status post right shoulder open rotator cuff repair, subacromial decompression, and distal clavicle excision of 12/8/14. She is doing well and currently in physical therapy. She has noticed minimal improvement with therapy and has trouble with overhead motion and lifting up. The pain is aggravated by daily activities with pain on a daily basis but no numbness. The incisions are well healed and minimal swelling with global tenderness around the shoulder. Her range of motion is limited due to pain with motor strength of 4/5. She is neurovascularly intact. The provider has diagnosed her at this time with right adhesive capsulitis. The provider is requesting Manipulation under Anesthesia, Right Shoulder, per 03/23/2015, quantity 1; Post-Operative: Physical Therapy Evaluation, Right Shoulder, per 03/23/2015 and Post-Operative: Physical Therapy 3 x weekly, Right Shoulder, per 03/23/2015, quantity 12.

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, per 03/23/2015 order, quantity 1: 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, Online Version, Manipulation Under Anesthesia (MUA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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). The PT report from 2/27/15 lists the ROM in flexion as 140 and the abduction as 150. The criteria are not satisfied and the requested procedure is not medically necessary.

Post-Operative: Physical Therapy Evaluation, Right Shoulder, per 03/23/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative: Physical Therapy 3 x weekly, Right Shoulder, per 03/23/2015, quantity 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.