

Case Number:	CM15-0087118		
Date Assigned:	05/11/2015	Date of Injury:	06/03/2014
Decision Date:	06/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/06/2015

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 48-year-old female, who sustained an industrial injury on 06/03/2014. She reported landing on her hands and knees, mainly on the right side, after falling from a stool. The injured worker is currently not working. The injured worker is currently diagnosed as having right knee medial meniscus tear, left shoulder sprain/strain, anxiety, and insomnia. Treatment and diagnostics to date has included right shoulder MRI, physical therapy, steroid injections, and medications. In a progress note dated 03/19/2015, the injured worker presented with complaints of significant pain on the lateral side of left arm that radiates to the back of the shoulder. Objective findings include mild swelling to the left shoulder with limited, painful range of motion. The treating physician reported requesting authorization for left shoulder manipulation surgery and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Physical Therapy (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.

Left Shoulder Manipulation under Anesthesia: 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 procedure summary online version.

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

Decision rationale: Per secondary treating physician's initial comprehensive orthopedic consultation dated March 31, 2015 the injured worker is a 48-year-old right-hand-dominant female with a date of injury of 6/3/2014. She was standing on a step stool and washing a wall when the stool slipped. She lost her balance and fell, landing on her hands and knees. Her left arm became caught in the step stool. Her chief complaint was moderate pain in the right (left per exam) shoulder and right knee both rated 5/10. On examination of the shoulders, there was 0/1+ tenderness, and no spasm or trigger points bilaterally. Range of motion of the right shoulder was 180 flexion and abduction, and the left shoulder 160 of flexion and abduction. Extension was 40 on the right and 30 on the left. Internal rotation was 80 on the right and 60 on the left. External rotation was 90 on the right and 70 on the left. There was 0/4 pain on the right and 1/4 pain on the left with range of motion. A prior unofficial MRI report of the left shoulder without contrast dated 7/11/2014 revealed medullary contusion of the upper facet of the greater tuberosity with slightly displaced corticomedullary fracture, moderate tendinosis of the supraspinatus and infraspinatus tendons, interstitial tear of the lateral superior subscapularis tendon. No full-thickness rotator cuff tear was documented. ODG guidelines indicate 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 (abduction less than 90). The examination findings of March 31, 2015 referenced above indicate abduction 160 on the left and 180 on the right. In light of the above, the guideline requirements have not been met and range of motion is clearly improving. As such, the medical necessity of manipulation under anesthesia has not been substantiated.