

Case Number:	CM15-0088417		
Date Assigned:	05/12/2015	Date of Injury:	10/10/2013
Decision Date:	06/12/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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: 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 54-year-old female who sustained a work related injury October 10, 2013. Past history included left shoulder arthroscopy March 2014, s/p manipulation under anesthesia, left shoulder August, 2014, right shoulder supraspinatus tendon tear, s/p right shoulder arthroscopy glenohumeral synovectomy, lysis of adhesions, debridement edge-tear labrum, subacromial subdeltoid bursectomy, lysis of adhesions, repair rotator cuff, December 2014. According to a primary treating physician's progress report, dated March 19, 2015, the injured worker presented for re-evaluation s/p right shoulder surgery December, 2014. She is undergoing physical therapy. Physical examination reveals well healed portals, right shoulder; flexion 105 degrees, abduction 90 degrees, external rotation 85 degrees and internal rotation 60 degrees. Diagnoses are cervical spine sprain/strain, degenerative disc disease with radiculitis/radiculopathy; right shoulder adhesive capsulitis, s/p surgery December 2014; left shoulder s/p arthroscopy with adhesive capsulitis March 2014; mid back sprain/strain; left foot and 3rd toe sprain/strain. Treatment plan included request for authorization for right shoulder manipulation under anesthesia, initial consult, and pre-operative clearance, labs.

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 injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter Manipulation under anesthesia.

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, is 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). In this case the abduction is noted as 105 degrees in the office visit 10/30/14. Based on this the request is not in keeping with guideline and is not medically necessary.

Pre Op Clearance, Labs: CBC (complete blood count), PT (prothrombin time) / PTT (partial thromboplastin time), INR (international normalized ratio), Chem 7: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Initial Consult: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.