

Case Number:	CM15-0240921		
Date Assigned:	12/17/2015	Date of Injury:	04/24/2000
Decision Date:	01/28/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	12/10/2015

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: Illinois, California, Texas
 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 4/24/00, relative to a motor vehicle accident. She underwent a total of 5 left shoulder surgeries in 2004, 2009, 2011, 2012, and 2013, and a cervical spine fusion. She underwent left shoulder arthroscopic anterior and posterior capsule labral reconstruction-imbriation, closure of rotator interval, and debridement of superior degenerative type I superior labral tear on 6/2/11. The 8/13/12 left shoulder MRI impression documented findings consistent with a tiny full thickness tear involving the distal supraspinatus with contrast extravasation from the shoulder joint into the subacromial subdeltoid spaces and a small tear involving the anterior labrum. She underwent left shoulder arthroscopic retrocoracoid decompression/coracoplasty with tenodesis of the short head of the left pectoralis minor tendon, and extensive debridement of the intra-articular anterior scar tissue and adhesions on 10/5/12. The 10/26/15 treating physician report cited complaints of significant pain in multiple body parts including the neck, lower back, bilateral shoulders, and bilateral knees. She complained of worsening left shoulder pain and weakness. This caused a reduction in functional capacity and limited activities of daily living, including bathing, dressing, combing hair, personal hygiene, lifting, pushing, pulling, overhead activities, and sleeping. Left shoulder exam documented 4/5 weakness with flexion and abduction limited to 90 degrees. Authorization was requested for left shoulder manipulation under anesthesia with arthroscopy and subacromial decompression. The 11/11/15 utilization review non-certified the request for left shoulder manipulation under anesthesia with arthroscopy and subacromial decompression as there was no documentation of recent guideline-recommended failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder manipulation under anesthesia with arthroscopy and subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Shoulder Procedure Summary Online Version last updated 10/26/2015, ODG Indications for Surgery-- Acromioplasty.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for Impingement syndrome; Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For impingement surgery (subacromial decompression), conservative treatment is recommended for 3 to 6 months prior to surgery and should include steroid injections. The Official Disability Guidelines provide indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement. Guidelines state that manipulation under anesthesia is under study as an option for 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), manipulation under anesthesia may be considered. Guideline criteria have not been met. This injured worker presents with worsening left shoulder pain and weakness. Functional difficulty was documented in activities of daily living. Clinical exam findings are generally consistent with adhesive capsulitis. There was no imaging report or discussion of imaging findings since 8/13/12. She has subsequently undergone two left shoulder surgeries. Detailed evidence of up to 3-6 month of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.