

Case Number:	CM15-0241942		
Date Assigned:	12/21/2015	Date of Injury:	04/28/2015
Decision Date:	01/28/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/11/2015

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:

This injured worker is a 50-year-old male who sustained an industrial injury on 4/28/15. Injury occurred when he was transferring a patient, and the patient fell. He caught the patient with immediate onset of shoulder pain. Past medical history was positive for diabetes and elevated cholesterol. Conservative treatment had included physical therapy, activity modification, home exercise program, and anti-inflammatories. The 6/30/15 right shoulder MRI impression documented a partial thickness surface tear of the supraspinatus tendon proximal to its insertion. There was a SLAP type 2 tear, and grade 2 tear of the proximal long head of the biceps tendon. There was small acromioclavicular (AC) joint effusion, small amount of fluid in the subdeltoid bursa and subcoracoid, and small glenohumeral joint effusion. The 10/22/15 orthopedic report cited a significant lack of improvement in range of motion despite 18 visits of physical therapy. He was not working. Right shoulder exam documented positive Hawkin's, Neer's, Speed's, and O'Brien tests. Range of motion was documented as forward flexion 140 degrees and abduction 175 degrees. External rotation at 90 degrees of abduction was 70 degrees and internal rotation was decreased by 5 vertebral levels. The injured worker was diagnosed with right shoulder adhesive capsulitis and partial thickness rotator cuff tear, labral tear, subacromial impingement syndrome, and AC joint arthritis. Authorization was requested for right shoulder arthroscopic capsular release, possible rotator cuff debridement and repair, possible labral repair, possible subacromial decompression, possible Mumford procedure, and manipulation under anesthesia. The 11/24/15 utilization review modified this request and approved right shoulder arthroscopic capsular release, possible rotator cuff debridement and repair, possible labral repair, possible

subacromial decompression and possible Mumford procedure. The request for manipulation under anesthesia was non-certified as this was not supported for abduction over 90 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 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, 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: Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS guidelines do not provide surgical recommendations for manipulation under anesthesia. The Official Disability Guidelines state 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 presented with persistent right shoulder pain. Clinical exam findings are consistent with imaging evidence of a type II SLAP tear, partial thickness rotator cuff tear, and plausible impingement. The 11/24/15 utilization review partially certified right shoulder arthroscopic capsular release, possible rotator cuff debridement and repair, possible labral repair, and possible subacromial decompression. However, range of motion testing did not evidence adhesive capsulitis or meet guideline criteria to support the medical necessity of manipulation under anesthesia. Therefore, this request is not medically necessary.