

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0129606 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 08/06/2013 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 52-year-old gentleman who injured his left shoulder in work-related accident on 08/06/13. The clinical records provided for review documented that, following a course of conservative care, the claimant underwent left shoulder arthroscopy, subacromial decompression, distal clavicle excision and a mini open bicep tenodesis on 02/24/14. Postoperatively, the claimant has experienced stiffness despite a formal course of physical therapy. The post-operative progress report of 6/12/14 noted continued complaints of left shoulder pain and stiffness. Physical examination showed five out of five strength, positive Neer and Hawkin's testing, forward flexion to 170degrees, abduction to 90 degrees, external rotation to 75 degrees. The claimant was diagnosed with left shoulder adhesive capsulitis. There were no reports of post-operative imaging for review. The recommendation was made for revision surgery of capsular release and a manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under Anesthesia (MUA) with Limited Arthroscopy Capsulitis Release:
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 Section (Acute & Chronic) (update 04/25/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: Shoulder Procedure Manipulation Under Anesthesia (MUA). Under study 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°), manipulation under anesthesia may be considered.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for manipulation under anesthesia (MUA) with limited arthroscopy capsular release cannot be recommended as medically necessary. The ACOEM Guidelines recommend surgical intervention when there is clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair activity limitation for more than four months. The medical records provided for review do not contain any postoperative imaging reports to identify pathology that may be responsible for the claimant's continuing symptoms postoperatively. Also, while the claimant was about four months post surgery at the time of the surgical recommendation, there is no documentation of conservative treatment with the exception of physical therapy provided to the claimant. The Official Disability Guidelines state that manipulation under anesthesia is under study as an option for treatment of adhesive capsulitis and that there is some support for MUA in cases that are refractory to conservative therapy lasting at least three to six months where range-of-motion remains significantly restricted. The documentation does not support that the claimant has exhausted conservative treatment during that timeframe. Therefore, the medical necessity for the request is not supported by the ACOEM Guidelines and the Official disability Guidelines to proceed with the proposed surgery.

CPM: 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) Treatment in Workers Comp, 18th Edition, 2013 Updates: shoulder procedure Continuous passive motion (CPM). Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. See the Knee Chapter for more information on continuous passive motion devices. Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. (Raab, 199)

Decision rationale: The request for manipulation under anesthesia (MUA) with limited arthroscopy capsular release cannot be recommended as medically necessary. Therefore, the request for a CPM machine is also not recommended as medically necessary.

Post-Operative Physical Therapy x 22 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for manipulation under anesthesia (MUA) with limited arthroscopy capsular release cannot be recommended as medically necessary. Therefore, the request for physical therapy postoperatively is also not recommended as medically necessary.