

Case Number:	CM14-0143314		
Date Assigned:	09/10/2014	Date of Injury:	05/08/2012
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/03/2014

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 54-year-old female who sustained an injury to the right shoulder on 05/08/12. The medical records for review documented that following a course of conservative care, the claimant underwent right shoulder arthroscopy, subacromial decompression, debridement and rotator cuff repair on 03/08/14. Postoperatively, the claimant has undergone physical therapy and activity restrictions. The report of the 07/15/14 follow up visit noted continued complaints of pain with limited range of motion; the parameters of motion were not documented in the report. However, motion was noted to be painful in nature. The recommendation was made for manipulation under anesthesia, postoperative physical therapy and the use of a CPM device. The medical records did not include any reports of post-surgical imaging.

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 And Cortisone Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines , Shoulder Procedure ,Manipulation under anesthesia.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure –Manipulation under anesthesia (MUA)

Decision rationale: Based on the California ACOEM Guidelines and the Official Disability Guidelines, the request for right shoulder manipulation under anesthesia with a corticosteroid injection would not be recommended as medically necessary. The medical records document that the claimant experiences stiffness following surgery, but there no documentation of postoperative parameters of range of motion to determine the limitations. While the claimant underwent rotator cuff repair four months prior to the most recent evaluation, there is no documentation of postoperative imaging to determine pathology present. In the absence of clinical correlation of claimant's current working diagnosis, postoperative imaging studies, and the lack of documentation of physical examination findings showing specific range of motion parameters, the request for manipulation under anesthesia with a Cortisone injection cannot be recommended as medically necessary.

Physical Therapy (Pt) 2x12 For Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for right shoulder manipulation under anesthesia with a corticosteroid injection is not recommended as medically necessary. Therefore, the request for 24 sessions of physical therapy is also not medically necessary.

DME (Durable Medical Equipment) / CPM (Continuous Passive Motion) Unit For 7 Days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Continuous passive motion (CPM)

Decision rationale: The request for right shoulder manipulation under anesthesia with a corticosteroid injection is not recommended as medically necessary. Therefore, the request for use of a CPM device following the procedure is also not recommended as medically necessary.