

Case Number:	CM14-0160432		
Date Assigned:	10/06/2014	Date of Injury:	10/28/2013
Decision Date:	11/14/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation 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:

This case involves a 43 year old individual who sustained an injury dated 10/8/ 13 when the patient noted gradually increasing pain of the right shoulder while lifting boxes at work which weighed 30 to 40 pounds. Prior treatments included medications, corticosteroid injection dated 1/27/14 with little benefit; and 12 visits to physical therapy helping the patient some. The patient underwent right shoulder arthroscopic evaluation with arthroscopic superior labral repair of the right shoulder, arthroscopic rotator cuff repair of the right shoulder, arthroscopic subacromial decompression of the right shoulder, arthroscopic distal clavicle excision of the right shoulder, and arthroscopic debridement of glenohumeral synovitis and subacromial bursitis of the right shoulder dated 6/19/14. According to the UR, follow-up note dated 9/17/2014 indicates the patient stated that Tylenol was inadequate for pain relief. On physical examination, the patient's range of motion was full in the shoulder. The neurologic and vascular function was preserved. It was uncomfortable with the extremes of range of motion. Treatment plan included getting a second opinion with consideration for manipulation under anesthesia. The treating physician recommended Tylenol for pain relief. The patient was diagnosed with right shoulder rotator cuff tear status post superior labrum anterior and posterior (SLAP) repair. The patient was recommended to undergo a manipulation under anesthesia of the right shoulder with an orthopedic provider. Prior UR dated 09/20/2014, denied the request for manipulation under anesthesia of the right shoulder with an orthopedic provider because the quality of evidence available is low and the data available demonstrate little benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia of the right shoulder with an orthopedic provider: 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 (MUA)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation under anesthesia

Decision rationale: Per guidelines, MUA is 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. Manipulation under anesthesia (MUA) for frozen shoulder may be an effective way of shortening the course of this apparently self-limiting disease and should be considered when conservative treatment has failed. MUA may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition. In this case, there is no documentation of restricted ROM, adhesive capsulitis or frozen shoulder. Therefore, based on guidelines this request is not medically necessary.