MAXIMUS Federal Services

Case Number:	CM14-0161903		
Date Assigned:	10/07/2014	Date of Injury:	07/16/2011
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 General Surgeon, has a subspecialty in Plastic Surgery and is licensed to practice in Texas and Arizona. 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 injured worker is a 34-year-old female with a reported date of injury of 07/15/2011. The injury reportedly occurred when the injured worker was pushed into the elevator door while escorting an aggressive individual and was struck 3 times. Her diagnoses were noted to include history of right shoulder rotator cuff disruption, status post right shoulder open rotator cuff repair, post injury adhesive capsulitis of the right shoulder, hypertrophic symptomatic shoulder scars, and right sided thoracic outlet syndrome. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 09/05/2014 revealed complaints of pain to the right shoulder approximately 4 fingers in from the bend of the shoulder. The injured worker reported radiating symptoms to her neck with intermittent tingling and numbness to the hands and fingers. She had a decreased range of motion and experienced a pulling sensation with overhead motions. Her pain caused sleep difficulties and was increased with lifting and overhead motions. The injured worker reported she had not found anything to alleviate her symptoms. The physical examination revealed negative Hawkins, Neer's, and stress tests of the shoulder. The physical examination of the cervical spine revealed a decreased range of motion. There was a decreased range of motion noted to the right shoulder. There was tenderness present over the anterior aspect of the shoulder and subdeltoid bursa. There was additional tenderness with palpation about the hypertrophic shoulder scars. The stability testing in the upper extremities, neck, back, and lower extremities was within normal limits. The attenuated strength in the shoulder muscle girdle was evident that it was maximal with abduction and flexion. The deep tendon reflexes were symmetrical in the upper and lower extremities. There was no fixed sensory deficit noted in the extremities. The Request for Authorization dated 09/05/2014 for was manipulation of the right shoulder under anesthesia with plastic surgical

revision of the hypertrophic symptomatic shoulder scars to increase the range of motion and postoperative occupational therapy to the right shoulder 3 times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation of the Right Shoulder Under Anesthesia with Plastic Surgical Revision of the Hypertrophic Symptomatic Shoulder Scars: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

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. Other Medical Treatment Guideline or Medical Evidence: Hopkinsmedicine.orge, Scar Revision/Johns Hopkins Medicine Health Library.

Decision rationale: The request for manipulation of the right shoulder under anesthesia with plastic surgical revision of the hypertrophic symptomatic shoulder scars is not medically necessary. The injured worker complained of constant aching pain at the back of her right shoulder and occasional radiating symptoms to her neck with intermittent numbness and tingling to the hand and fingers, as well as a decreased range of motion. The Official Disability Guidelines state manipulation under anesthesia is under study as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3 to 6 months where range of motion remained significantly restricted (abduction less than 90 degrees), manipulation under anesthesia may be considered. There is some support for manipulation under anesthesia in adhesive capsulitis, based on consistent positive results from multiple studies, although these studies are not high quality. Manipulation under anesthesia 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. "Hypertrophic scars. Hypertrophic scars are similar to keloid scars; however, their growth is confined within the boundaries of the original skin defect. These scars may also appear red, and are usually thick and elevated. Hypertrophic scars usually start to develop within weeks after the injury to the skin. Hypertrophic scars may improve naturally, although this process may take up to a year or more. In treating hypertrophic scars, steroids may be the first line of therapy with this type of scar, although there is not one simple cure. Steroids may be given as an injection or by direct application. These scars may also be removed surgically. Often, steroid injections are used along with the surgery and may continue up to two years after the surgery to help maximize healing and decrease the chance of the scar returning." There was a lack of documentation regarding first line treatment of steroid injections for the hypertrophic scars. The documentation provided indicated the injured worker's right shoulder abduction was to 135 degrees and therefore, manipulation under anesthesia is not warranted at this time. As such, the request is not medically necessary.

Post OP Occupational Therapy Right Shoulder 3x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment in Worker's Compensation, Online Edition

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for postoperative occupational therapy to the right shoulder 3 times 2 is not medically necessary. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.