

Case Number:	CM14-0026077		
Date Assigned:	03/07/2014	Date of Injury:	11/01/2012
Decision Date:	04/07/2014	UR Denial Date:	02/14/2014
Priority:	Expedited	Application Received:	03/03/2014

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 New York, New Hampshire, and Washington. 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 patient has a date of injury November 1, 2012. The patient sustained a Shoulder injury from a fall. X-ray of the left shoulder from November 2012 was unremarkable. MRI of the left shoulder from December 2012 demonstrated partial thickness tearing of the supraspinatus tendons. The patient has had left shoulder arthroscopy, rotator cuff debridement and subacromial decompression with acromioplasty on June 10, 2013. He now has diminished range of motion. The patient has left shoulder pain and limited motion after surgery. The patient has had aggressive physical therapy and a home exercise program but still has a lot of pain and discomfort. The medical records indicate that is not improving from her shoulder range of motion standpoint. However, the medical records do not document a recent physical exam which shows limited range of motion in the extent of limited range of motion in the left shoulder. The patient was diagnosed with pain in the shoulder adhesive capsulitis. Medical records do not contain a detailed examination of the left shoulder. The most recent report indicates that the patient is not improving with range of motion, but they physical exam documenting how much motion as lost is not contained in the medical records. In addition the medical records do not contain evidence that the patient has had a left shoulder intra-articular steroid injection. At issue is whether shoulder manipulation is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT LEFT SHOULDER MANIPULATION UNDER ANESTHESIA WITH A LYSIS OF ADHESIONS: 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

Decision rationale: Request for left shoulder manipulation under anesthesia with lysis of adhesions is not medically necessary at this time. The medical records do not include a recent comprehensive physical examination of the shoulder. It is unclear exactly what current motion deficits this patient has in the left shoulder. In addition, the documented conservative care has been suboptimal since there is no mention of prescription NSAID use or attempts at left shoulder intra-articular corticosteroid injection. ODG Guidelines about consideration for a surgical and manipulation procedure only in the presence of failure of 3 months of conservative care. The medical records do not document 3 months of conservative care and criteria for this procedure are not met. More conservative measures mostly tried and failed and that documentation of the patient's physical examination must be performed.