

Case Number:	CM14-0094963		
Date Assigned:	07/25/2014	Date of Injury:	10/31/2013
Decision Date:	09/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/23/2014

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 Texas. 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 51-year-old female who reported an injury on 10/31/2013. The mechanism of injury was the injured worker had a pop in her right shoulder while scooping ice cream. The prior therapy included physical therapy, a pulley and an injection. The medications included Motrin. The surgical history was non-contributory. The injured worker underwent a right shoulder x-ray dated 12/02/2013 which revealed no evidence of acute fracture or dislocation and the glenohumeral and acromioclavicular joints were congruent. The documentation of 05/27/2014 revealed the injured worker had complaints of significant pain and discomfort in the right shoulder. The injured worker was noted to have an inability to sleep on her right side, could not comb her hair, and could not change a light bulb in the overhead position. The physical examination revealed that the injured worker could not flex or abduct her right shoulder to 90 degrees and there was no external rotation with the elbow at her side. There was tenderness in the subacromial space. The neurovascular hand was intact. The documentation indicated the injured worker had an MRI of the right shoulder on 01/17/2014 of the right shoulder which revealed tendinosis with low grade partial thickness intrasubstance tear of the supraspinatus tendon and infraspinatus tendon with a downward sloping acromion abutting the myotendinous junction of the supraspinatus tendon raising the possibly of impingement and mild reactive bursitis or subacromial bursa and subdeltoid bursa. The diagnosis included adhesive capsulitis, right shoulder. The treatment plan included a manipulation under anesthesia and arthroscopic adhesiolysis. The injured worker underwent an EMG/NCV of the right arm which revealed no evidence of carpal tunnel syndrome, ulnar neuropathy, brachial plexopathy, or cervical radiculopathy. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under Anesthesia: 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) Treatment in Workers Comp. 18th Edition 2013 Shoulder: Manipulation under Anesthesia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Shoulder Chapter, Manipulation under Anesthesia.

Decision rationale: The Official Disability Guidelines indicate that manipulation under anesthesia is under study as an option for adhesive capsulitis for cases that are refractory to conservative therapy lasting at least 3 to 6 months where range of motion remains significantly restricted with abduction less than 90 degrees. The clinical documentation submitted for review indicated the injured worker met the above criteria. However, the request as submitted failed to indicate the laterality and the body part to be treated with manipulation under anesthesia. Given the above, the request for manipulation under anesthesia is not medically necessary.

Arthroscopic Adhesiolysis: 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) Treatment in Workers Comp. 18th Edition 2013 Shoulder: Manipulation under Anesthesia.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation (ODG) Shoulder Chapter, Surgery for adhesive capsulitis.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a referral for surgical consultation may be appropriate for injured workers who have red flag conditions; activity limitations for more than 4 months plus the existence of a surgical lesion; a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion; and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. However, they do not specifically address surgery for adhesive capsulitis. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that the surgery for adhesive capsulitis is under study and there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. The clinical documentation submitted for review indicated the injured worker had failed conservative care. The injured worker was noted to have an inability to flex or abduct her right shoulder to 90 degrees and had no external rotation with her elbow at her side. The request would be supported. However, the request as submitted failed to indicate the laterality and body part to have the adhesiolysis. Given the above, the request for arthroscopic adhesiolysis is not medically necessary.

