

Case Number:	CM14-0197688		
Date Assigned:	12/05/2014	Date of Injury:	07/03/2012
Decision Date:	01/23/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/25/2014

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 Georgia. 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 71-year-old female who reported injuries due to cumulative trauma on 07/03/2012. On 08/15/2014, her diagnoses included right cervical strain, right shoulder pain, status post right rotator cuff repair on 01/15/2013, possible recurrent right rotator cuff tear, and myofascial pain syndrome. On 10/30/2014, x-rays of the right shoulder showed no joint arthritis of superior migration of the humeral head. There was outlet impingement with downward projection of the anterolateral acromion. The bony architecture was normal. There was no soft tissue swelling. An MRI of the right shoulder reportedly revealed a degenerative labral tear with inferior capsule thickening, acromioplasty, with AC joint degeneration, and partial thickness degenerative tear of the supraspinatus tendon. The original MRI report was not submitted for review. At that time, she was diagnosed with right shoulder adhesive capsulitis with degenerative labrum, rotator cuff tearing, and AC joint degeneration. It was recommended that she undergo right shoulder arthroscopic capsular release with revision decompression and manipulation under anesthesia. The examination of the right shoulder showed mild tenderness in the anterior portion of the acromion with a "somewhat positive sign for impingement." There was no instability or laxity noted. There was mild bicipital tenderness with negative lift off and normal strength. Her range of motion was "slightly restricted" in internal and external rotation as well as abduction and forward flexion. Her medications included ketoprofen 75 mg, omeprazole 20 mg, Flexeril 7.5 mg, and Methoderm gel. A Request for Authorization dated 11/04/2014 for the manipulation under anesthesia only was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with manipulation under anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation under anesthesia (MUA)

Decision rationale: The request for a right shoulder arthroscopy with manipulation under anesthesia is not medically necessary. The California ACOEM Guidelines note that surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. The Official Disability Guidelines note that manipulation under anesthesia for the shoulder 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 remains significantly restricted, manipulation under anesthesia may be considered. There was no evidence in the submitted documentation that this injured worker had received cortisone injections into her shoulder or failed conservative therapy for 3 to 6 months. She did not have significant range of motion restrictions. Surgical requests must be supported by original diagnostic reports, including MRI. The guideline criteria have not been met. Therefore, this request for a right shoulder arthroscopy with manipulation under anesthesia is not medically necessary.