MAXIMUS Federal Services

Case Number:	CM14-0214529		
Date Assigned:	01/07/2015	Date of Injury:	06/24/2014
Decision Date:	03/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 45-year-old female with reported injury date of 6/24/2014. The mechanism of injury was repetitive laboratory draws and lifting up bed rails. The progress notes dated 12/4/2014 indicate she was complaining of severe bilateral left worse than right shoulder pain and finding it increasingly more difficult to carry out activities of daily living. On examination flexion of the right shoulder was 92 and left shoulders 78. Extension was 16 on the right and 14on the left. Abduction was 78 on the right and 58 on the left. Internal and external rotation were limited bilaterally. Her MRI scans were noncontributory as they rarely reveal adhesive capsulitis. MRI of right shoulder dated 9/25/2014 revealed subacromial/subdeltoid bursitis, mild acromioclavicular arthrosis, lateral downsloping acromion with subacromial spur, supraspinatus and infraspinatus tendinitis or tendinosis without tear. MRI of the left shoulder on the same day noted subacromial/subdeltoid bursitis, lateral downsloping acromion with a subacromial spur impinging upon the supraspinatus musculotendinous junction with interposed edema. Focal supraspinatus tear articular surface measuring 5 x 3 mm. The worker has had 12 sessions of physical therapy. On 12/4/2014 documentation indicates severe bilateral left worse than right shoulder pain and difficulty with activities of daily living. Physical findings were consistent with bilateral frozen shoulders. Patient has failed conservative care including activity modification, physical therapy/home exercise program, NSAIDs, and acetaminophen. A request for bilateral manipulation under anesthesia and arthroscopic capsulectomy was noncertified by utilization review using ODG guidelines which do not recommend surgery for adhesive capsulitis and manipulation under anesthesia. It was not clear why both were being requested for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Bilateral Shoulder Arthroscopic Capsulectomy with 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, Treatment Inde 11th Edition (web) 2014, shoulder, surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Manipulation under anesthesia; Surgery for adhesive capsulitis

Decision rationale: With regard to manipulation under anesthesia, ODG guidelines recommend it in cases that are refractory to conservative therapy lasting at least 3-6 months where range of motion remains significantly restricted such as abduction less than 90. 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. This may be an option to restore early range of motion and improve function in this often protracted and frustrating condition. With regard to surgery for adhesive capsulitis, the clinical course of this condition is considered self-limiting and conservative treatment is a good long-term treatment regimen for adhesive capsulitis but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. With regard to arthroscopic capsular release, it is currently unclear as to whether there is a difference in the clinical effectiveness compared to manipulation under anesthesia in patients with recalcitrant idiopathic adhesive capsulitis. The quality of evidence available is low and data available demonstrates little benefit. Based upon these guidelines manipulation under anesthesia is supported but the capsulectomy as requested is not supported. Therefore the request for bilateral shoulder arthroscopic capsulectomy with manipulation under anesthesia is not supported and the medical necessity is not substantiated.

1 Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

(12) Post-operative Physical Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Manipulation under anesthesia, Surgery for adhesive capsulitis.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

80 tablets of Oxycodone 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chroinc pain, oxycodone Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Manipulation under anesthesia; Surgery for adhesive capsulitis

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4 Weeks rental of Vascutherm4 Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Inde 11th Edition (web) 2014, shoulder, compression garments, continuous passive motive (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Manipulation under anesthesia; Surgery for adhesive capsulitis.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4 weeks rental of Continuous Passive Motion machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Inde 11th Edition (web) 2014, shoulder, compression garments, continuous passive motive (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Manipulation under anesthesia; Surgery for adhesive capsulitis

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.