MAXIMUS Federal Services

Case Number:	CM14-0215198		
Date Assigned:	01/02/2015	Date of Injury:	01/26/2011
Decision Date:	03/11/2015	UR Denial Date:	11/12/2014
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: New York
Certification(s)/Specialty: Neurological 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:

This 52 year old female has a date of injury 01/26/2011. Documentation does not include a mechanism of injury. Her PR2 of 12/17/13 noted she was waiting for surgery on her neck, back and shoulders. She evidently underwent a lumbar spine fusion in February 2014. Her shoulder MRI report of 07/21/2011 indicated a partial thickness tear of the supraspinatus tendon and a glenohumeral effusion. According to the PR2 of 06/24/2014 on her pre operative visit for left shoulder surgery she had 4/5 muscle strength, external rotation of 80 degrees, 60 degrees of internal rotation, abduction of 170 and forward flexion of 170.On the post-operative visit of 07/15/2014 her external rotation was 30 degrees, forward flexion 45 degrees, abduction 45 and strength was 4/5. She underwent post operative physical therapy and took NSAIDS and analgesics. The PR2 of 9/23/2014 stated she was close to 80% improvement with abduction of 90 degrees but external rotation of 0. She received an injection of lidocaine and dexamethasone. She continued with complaints of shoulder pain. The PR2 of 01/06/2015 noted muscle strength at 5/5, shoulder abduction of 120 and forward flexion of 130 with external rotation of 20. A Utilization review of 11/12/2014 denied a request for shoulder manipulation under anesthesia, physical therapy 3X6, vascutherm for cold treatments for 21 days and a caregiver 4-8 hours qd seven days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia of left shoulder Physical Therapy 3 times a week for 6 weeks, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, manipulation under anesthesia (MUA)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Shoulder Chapter

Decision rationale: Shoulder manipulation under anesthesia was been recommended as an option when there is failure to increase ROM and strength after an exercise program if there is clear evidence of a lesion shown to benefit in the short and long term. Data from an arthogram is not provided, nor a report of a post-operative MRI scan. Shoulder manipulation when the abduction is 120 degrees is not recommended by the ODG.The treating physician has not discussed the specific kinds of conservative care completed to date. The specific kind of shoulder injection and its results were not discussed adequately. The quantity and specific results of physical therapy were not discussed. There has been no worsening in the examination of the shoulder over the fall of 2014. The specific indications for manipulation were not discussed and the records do not provide good evidence that manipulation is indicated. Since the manipulation is not necessary, neither is the request for post-operative physical therapy.

Vascutherm for cold therapy with deep vein thrombosis prophylaxis times 21 days rental caregiver 4 to 8 hours per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manipulation under anesthesia is not indicated and since this is so neither is the requested associated service.

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

Physical Therapy 3 times a week for 6 weeks, Left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the manipulation is not necessary, neither is the request for post-operative physical therapy.

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

Caregiver, 4-8 hours per day 5 days/weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Home health services

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the manipulation is not necessary, neither is the request for post-operative caregiver

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