

Case Number:	CM14-0036337		
Date Assigned:	06/25/2014	Date of Injury:	09/04/2013
Decision Date:	01/07/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 is a 39-year-old female with a date of injury of 09/04/2013. The listed diagnosis is right closed dislocation of other site of shoulder and adhesive capsulitis. The patient is status post open reduction and internal fixation of the humeral head in 2004. According to progress report 01/28/2014, the patient presents with continued right shoulder pain. The patient reports that she feels stronger after physical therapy sessions "but not any better with respect to pain." Examination of the right shoulder revealed forward flexion 160 degrees, extension 50 degrees, abduction 160 degrees, adduction 50 degrees, internal rotation 80 degrees, and external rotation 70 degrees. The patient reports consistent clicking with passive ranges of motion. Supraspinatus and dropping test was positive. The Physician states that the patient has adhesive capsulitis and recommended manipulation under anesthesia with steroid injection and post op PT. Utilization review denied the requests on 3/12/14. Treatment reports from 10/11/2013 through 02/25/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder manipulation under anesthesia, nine (9) visits over eight (8) weeks:

Overtured

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, MUA

Decision rationale: This patient presents with continued right shoulder pain. The current request is for right shoulder manipulation under anesthesia (9) visits over (8) weeks. The utilization review from 03/12/2014 states, that this is a request for right shoulder manipulation under anesthesia with cortisone injection. There is an X-ray report dated 9/14/13 that revealed post open reduction and internal fixation changes of humeral head without evidence of acute fracture or dislocation. In regards to the requested Manipulation under Anesthesia, the ODG guidelines under its Shoulder chapter states that MUA is under study and may be an option for adhesive capsulitis. "MUA may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition. The Physician states that the patient has adhesive capsulitis with marked loss of external rotation. The patient also has positive supraspinatus and dropping test. The current request meets the criteria outlined by the ODG and is medically necessary. Therefore, Right shoulder manipulation under anesthesia, nine (9) visits over eight (8) weeks is medically necessary.

Right shoulder cortisone injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-568.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints Page(s): 235-236, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) chapter, steroid injection

Decision rationale: This patient presents with continued right shoulder pain. The current request is for right shoulder cortisone injection. ACOEM guidelines page 235 and 236 states "corticosteroid injections have been shown to be effective, at least in the short term; however, the evidence on long-term effects is mixed, some studies show high recurrence rate among injection groups." For shoulder, ACOEM p213 allows for 2-3 injections as part of a rehabilitation program. ODG guidelines recommend up to 3 injections. There is no indication that the patient has tried injections for the shoulder. Given the patient's continued pain, decreased ROM, recommendation for MUA and positive objective findings, a trial of right shoulder cortisone injection is within guidelines. Therefore, Right shoulder cortisone injection is medically necessary.

Post MUA physical therapy six (6) times a week for three (3) weeks for the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation under anesthesia Page(s): 24, 25.

Decision rationale: This patient presents with continued right shoulder pain. The treating physician has recommended a right shoulder manipulation under anesthesia. The current request is for post MUA physical therapy (6) x a week for (3) weeks for the right shoulder. MTUS Guidelines page 24 to 25 has the following regarding post-surgical physical medicine following manipulation under anesthesia; recommendation is for 20 visits over 4 months. Given that the patient has been recommended for a MUA for the right shoulder, post-operative physical therapy would be indicated and the Physician's request for 18 sessions is supported by MTUS. Therefore, Post MUA physical therapy six (6) times a week for three (3) weeks for the right shoulder is medically necessary.