MAXIMUS Federal Services

Case Number:	CM15-0013917		
Date Assigned:	02/02/2015	Date of Injury:	05/30/2014
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 55-year-old female who reported an injury on 05/30/2014. The mechanism of injury was a fall. Diagnoses included shoulder impingement, shoulder sprain/strain, shoulder tendinitis, and adhesive capsulitis of shoulder. Medications were noted to include ibuprofen. Surgical history was not provided. Diagnostic studies included an official MRI of the left shoulder, performed on 08/25/2014, read by [redacted], which was noted to reveal subacromial/subdeltoid bursitis as well as mild tendinopathy of the supraspinatus tendon without evidence of a focal discrete tear. Other therapies were not provided. The surgeries included 2 left shoulder surgeries. On 12/02/2014, the injured worker was seen for left shoulder complaints. She had a shoulder joint problem, swelling of the joint, a clicking sensation, a grating sensation and the sensation of something floating in the shoulder. She was also having decreased range of motion and locking in the shoulder. Upon examination, there was tenderness on the palpation of the shoulder, crepitus, muscle spasms of the shoulder, and pain was elicited during an impingement test. Flexion strength of the shoulder was reduced and extension strength of the shoulder was reduced. There was weakness at 90 degrees elevation and full internal rotation. The treatment plan included a closed manipulation of the left shoulder to increase range of motion. Cyclobenzaprine was dispensed at office for muscle spasms. She has failed 3 injections and physical therapy. There was loss of motion and pain to her anterolateral joint line with limited abduction as well as continued muscle spasms. The Request for Authorization was dated 01/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Closed manipulation of the left shoulder: 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) 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, Manipulation under anesthesia (MUA)

Decision rationale: The request for closed manipulation of the left shoulder is not medically necessary. The Official Disability Guidelines (ODG) state that manipulation under anesthesia is under study as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered. There is some support for manipulation under anesthesia in adhesive capsulitis, based on consistent positive results from multiple studies, although these studies are not high quality. The fastest improvement occurs following the first month after MUA, but 6 months after MUA, shoulder active range of motion remains lower than the uninvolved extremity. The injured worker had weakness at 90 degrees elevation and full internal rotation; however, it is not clear if passive motion is clearly restricted to 90 degrees of flexion or abduction indicating the presence of adhesive capsulitis. The injured worker had 2 prior surgeries on the same shoulder. It is unclear if full motion has been restored from previous procedures. The dates of previous surgeries are unknown. Medical necessity has not been established based upon the provided documentation. As such, the request is not medically necessary.