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| Case Number: | CM15-0111015 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 03/14/2013 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 06/03/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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: Illinois, California, Texas
 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:

This injured worker is a 61-year-old female who sustained an industrial injury on 3/14/13. The mechanism of injury was not documented. She was diagnosed with a right rotator cuff tear, superior labral tear, and moderate degenerative joint disease of the acromioclavicular (AC) joint. She underwent right shoulder arthroscopy, biceps tenodesis, labral debridement, subscapularis tendon repair, subacromial decompression, and distal clavicle excision on 7/20/14. Physical therapy was noted through 1/5/15. The 3/10/15 treating physician report cited continued grade 7/10 right shoulder pain radiating down to her biceps area and up to her neck. She had been treated conservatively but had not started physical therapy as she had not been notified. Right shoulder range of motion was forward flexion 110 degrees, external rotation 30, internal rotation to posterior hip, supine external rotation 60, and supine internal rotation 10 degrees. The diagnosis was post-operative right shoulder adhesive capsulitis. The treatment plan recommended manipulation under anesthesia with a capsular release. An updated MRI was ordered to evaluation for rotator cuff tear. She remained temporarily totally disabled. Records indicated that the request for right shoulder MRI was approved on 5/21/15 with no evidence that it had been completed. The 5/29/15 treating physician report cited grade 6/10 right shoulder pain. Physical exam documented normal upper extremity vascular, sensory and motor exams. Right shoulder range of motion was unchanged. Pain continued to cause significant functional disability. The diagnosis was post-operative right shoulder adhesive capsulitis. Authorization was requested for right shoulder manipulation under anesthesia and right shoulder arthroscopy with capsular release and repair of damaged structures as indicated, pre-operative testing (CBC,

CMPX, PTP, TT, INR, UA, EKG, and chest x-ray), shoulder simple sling, and 16 post-operative physical therapy treatments for the right shoulder. The 6/3/15 utilization review non-certified the right shoulder manipulation under anesthesia, and arthroscopy with capsular repair and indicated repairs, and the associated surgical requests, as the injured worker had not completed the recently certified post-operative MRI to support the medical necessity of this surgery.

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 and right shoulder arthroscopy with capsular release and repair of damage structures as indicated: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for adhesive capsulitis; Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS guidelines do not provide surgical recommendations for adhesive capsulitis. The Official Disability Guidelines state that surgery for adhesive capsulitis is under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) 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. Manipulation under anesthesia is under study as an option for 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. Guideline criteria have not been met. This injured worker presents with persistent right shoulder pain with limited active range of motion. However, there is no documentation of passive range of motion findings to support the diagnosis of adhesive capsulitis. An undated MRI was requested to assess rotator cuff integrity and has not been completed. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence of recent physical therapy or exercise, or injection therapy. Therefore, this request is not medically necessary at this time.

Pre-operative testing CBC, CMP, PTP, TT, INR, UA, EKG, and Chest X-Ray: 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.

Associates Surgical Services: Shoulder simple sling: 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.

16 Post operative physical therapy treatments for the right shoulder: 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.