

Case Number:	CM15-0117858		
Date Assigned:	06/26/2015	Date of Injury:	11/07/2007
Decision Date:	09/09/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona

Certification(s)/Specialty: 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 61 year male old who sustained an industrial injury on 11/7/07. Diagnoses are Granuloma and portal wound dehiscence with possible infection together with severe capsulitis and frozen shoulder-right, status post right shoulder arthroscopic rotator cuff repair and subacromial decompression -2/27/15. In a progress note dated 5/11/15, a treating physician reports exam of the right shoulder reveals tightness in range of motion. Punctuate erythema is seen in the area of the portal with a small pustule noted. There is no evidence of deeper swelling and neurovascular status is intact. The impression was a right shoulder stitch abscess, status post arthroscopy, with a plan to continue warm compresses, antibiotics and recommended that he move his shoulder. Physical therapy had been recommended in multiple prior visits, March and April, 2015. In a progress note dated 5/26/15, the treating physician reports the injured worker remains concerned about the small granuloma and mass with drainage on the anterior aspect of the shoulder. No fever is noted at this time. It is noted that he has not had the ability to passively or actively range his arm, even with the previous physical therapy noted. The treating physician states that since surgery, he has only attended 1 physical therapy session. Exam reveals a 1 centimeter protruberance and mass with a slight opening and very low grade drainage with some low grade surrounding erythema in the area of the anterolateral port. Range of motion of the right shoulder is restricted in abduction and forward flexion as well as internal and external rotation. There is mild tenderness in the anterior aspect of the acromion with a positive impingement sign, liftoff is negative, O'Briens test is negative with no labral signs, and is negative for instability or laxity. A treating physician progress report dated 5/18/15 notes the injured worker is seen with chief complaint of right shoulder pain and

for wound management with regard to a wound abscess at the anterior portal. He is just under 3 months postoperative from arthroscopy and has attended just one physical therapy session and he reports pain with any movement of the right shoulder. In a 6/1/15 progress note, the treating physician reports with regard to the shoulder, the injured worker, given the situation, has had very little chance to attend physical therapy rehabilitation. There is very little ability to passively or actively range the shoulder to any reasonable degree. He was instructed in dressing changes and will continue at attempts to range his shoulder as well as attend any physical therapy that has been scheduled. The treatment plan is right shoulder incision and drainage and manipulation under anesthesia and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Incision and drainage, manipulation under anesthesia (within Med Provider Network): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Manipulation under anesthesia; URL [cid.oxfordjournals.org/conent/early/2014/08/14/cid.clu290.full.pdf]; Practice Guidelines for the Diagnosis & Management of Skin & Soft Tissue Infections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of frozen shoulder conservative vs. surgical Ann R Coll Surg Engl. 2011 Jul; 93(5): 343. Comparison of idiopathic: post-trauma and post-surgery frozen shoulder after manipulation under anesthesia. Int Orthop. 2007 Jun; 31(3): 333-337.

Decision rationale: Manipulation under anesthesia is a technique commonly used to improve the range of shoulder movement. However, manipulation under anesthesia is not without its disadvantages. There is a small risk of humeral fracture, dislocation, rotator cuff injuries, labral tears and brachial plexus injury. Surgical treatment for frozen shoulder is usually considered after a concerted effort at conservative management has failed. There is no discrete timeline to proceed to surgery. As a general rule patients should have participated in some form of physiotherapy for a minimum of 4 to 6 months and shown little or no progress. Demonstrating superiority of surgical treatment intervention over non-operative treatment requires an adequate sample size with a controlled study population and random allocation of treatment. Systematic reviews to date have been largely inconclusive as a result of insufficient numbers in small trials. Untreated frozen shoulders usually resolve in their natural course within 1 to 3 years. The condition of frozen shoulder can cause severe pain that may require medications for several months and sometimes even results in some restrictive motions, Some authors stated that manipulation for patients with secondary frozen shoulders should be avoided due to its poor results. On the contrary, our patients with post-trauma and post-surgery frozen shoulders gained much improvement. This patient has only attended 1 physical therapy session since his surgery on the shoulder in February, 2015. He has therefore not completed adequate conservative treatment with 4-6 months of physical therapy where he demonstrates no improvement. Although some of the literature supports manipulation under anesthesia in patients with secondary frozen shoulders, the patient has not undergone adequate non-operative treatment

to date. The prior utilization review is upheld. The proposed manipulation under anesthesia is not medically necessary. The request for incision and drainage is reasonable and medically necessary, but as the two procedures are requested together and manipulation under anesthesia is not medically necessary, the request is denied.