

Case Number:	CM15-0172279		
Date Assigned:	09/14/2015	Date of Injury:	06/16/2014
Decision Date:	10/16/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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: Chiropractic

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 42 year old female who sustained an industrial injury on 06-16-2014. Records show that treatment to date has included physical therapy, one subacromial injection and shoulder surgery. On 06-17-2015, the injured worker underwent video arthroscopy of the right shoulder and arthroscopic subacromial decompression, release of coracoacromial ligament, arthroscopic rotator cuff repair with full-thickness rotator cuff tear. According to a progress report dated 08-13-2015, the injured worker had to stop her non-steroidal anti-inflammatories and her pain medications due to an abnormal liver function test on her blood work when she saw her oncologist the week prior. She had been doing home exercises. More physical therapy had been requested. She was 8 weeks status post right shoulder surgery. Postoperatively, the injured worker had developed adhesive capsulitis of the right shoulder and limited range of motion. Examination of the right shoulder demonstrated focal tenderness over the biceps tendon rotator cuff and subacromial region of the right shoulder. Range of motion with abduction was 125 degrees with assistance 130. Flexion was at 130 degrees with assistance 135. Internal rotation was 65 degrees. External rotation was limited to 40 degrees. Adduction was 15 degrees. Extension was 10 degrees. She had a positive impingement sign and Neer test was not tested. Diagnoses included right shoulder focal full-thickness rotator cuff tear, status post video arthroscopy of the right shoulder, arthroscopic subacromial decompression rotator cuff and arthroscopic rotator cuff repair and post-surgical adhesive capsulitis of the right shoulder. The provider noted that the injured worker had completed 8 sessions of physical therapy and would need 12 more sessions of physical therapy. The provider also noted that authorization would be

requested for manipulation of the right shoulder under anesthesia. She was off work for the next 4 weeks. An authorization request dated 08-13-2015 was submitted for review. The requested services included right shoulder manipulation. On 08-24-2015, Utilization Review non-certified the request for one right shoulder manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right shoulder manipulation under anesthesia: Overturned

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 Chapter.

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

Decision rationale: The patient is status post-surgical for the right shoulder. The injured worker underwent video arthroscopy of the right shoulder and arthroscopic subacromial decompression, release of coracoacromial ligament, arthroscopic rotator cuff repair with full-thickness rotator cuff tear. The ODG Shoulder Chapter states that manipulation under anesthesia is under study and maybe an option for adhesive capsulitis. It goes on to state that "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 requesting PTP has documented that the patient has developed adhesive capsulitis and limited range of motion. The request in this case meets the criteria outlined by the ODG. I find that the MUA for the right shoulder is medically necessary and appropriate.