

Case Number:	CM15-0044289		
Date Assigned:	04/13/2015	Date of Injury:	11/11/2014
Decision Date:	05/26/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 61-year-old male who reported an injury on 11/11/2014. The mechanism of injury was pulling. His diagnoses were noted as adhesive capsulitis shoulder and rotator cuff rupture. During the assessment on 04/10/2015, the injured worker reported that his shoulder was less painful with everyday activities. He rated his pain at 5/10 to 6/10. The physical examination revealed increased range of motion and increased ability to reach overhead. The treatment plan was noted to progress therapeutic treatment program. The rationale for the request was not provided. The Request for Authorization form was dated 02/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Lysis of Adhesions, Capsulotomy with Manipulation under Anesthesia: 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.

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 request for right shoulder arthroscopic lysis of adhesions, capsulotomy with manipulation under anesthesia is not medically necessary. In regard to surgery for adhesive capsulitis, the Official Disability Guidelines indicate that this is currently under study. The clinical course of this condition is considered self-limiting, and conservative treatment such as physical therapy and NSAIDs is a good long-term treatment regimen for adhesive capsulitis. In regard to manipulation under anesthesia, the Official Disability Guidelines state that it is currently under study as an option in adhesive capsulitis. As the guidelines do not recommend surgery for adhesive capsulitis or manipulation under anesthesia for adhesive capsulitis, the request is not medically necessary.

Pre-Operative Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing.

Decision rationale: The request for preoperative medical clearance is not medically necessary. The Official Disability Guidelines state that the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. The clinical documentation did not indicate that the injured worker was undergoing an invasive urologic procedure, was taking medication that predisposed him to electrolyte abnormalities or renal failure, was diagnosed with diabetes mellitus, was at risk of anemia or preoperative blood loss or was taking anticoagulants or had a history of bleeding. The rationale for the requested preoperative medical clearance was not provided. Additionally, the requested surgery was found not medically necessary at this time. Given the above, the request is not medically necessary.

Additional Physical Therapy (18-sessions, 3 times a week for 6 weeks for the right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for additional physical therapy for the right shoulder is not medically necessary. The California MTUS Guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. The requested 18 visits would exceed the guideline recommendations. The clinical documentation did not include a detailed assessment of the

injured worker's current functional condition including range of motion and motor strength, which would support the request for physical therapy. There was a lack of documentation indicating whether the injured worker had physical therapy previously with documentation including the number of sessions completed and evidence of significant objective functional improvement with any prior physical therapy. Given the above, the request is not medically necessary.

Post-Operative Physical Therapy (12-sessions, 2 times a week for 6 weeks for the right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for physical therapy for the right shoulder is not medically necessary. The California MTUS Guidelines recommend up to 24 visits over 14 weeks for postsurgical treatment following adhesive capsulitis. However, the requested surgery was found not medically necessary at this time. As such, the necessity for postoperative physical therapy is not necessary. Given the above, the request is not medically necessary.