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| Case Number: | CM15-0064027 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 02/28/2014 |
| Decision Date: | 06/03/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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: Utah, California
 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:

The injured worker is a 42-year-old female, who sustained an industrial injury on 02/28/2014. The mechanism of injury involved heavy lifting. Diagnoses have included adhesive capsulitis. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, medication and corticosteroid injections. According to the progress report dated 02/10/2015, the injured worker complained of pain in her right shoulder described as sharp, constant and burning. Exam of the right shoulder revealed tenderness over the bicipital groove, greater tuberosity and the lateral acromion. She had positive Hawkin's and Neer's impingement tests. Authorization was requested for right shoulder arthroscopy manipulation under anesthesia and elevation of rotator cuff, pre-op medical clearance, post-op physical therapy and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy Manipulation under Anesthesia and Elevation of the Rotator Cuff: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs and clear clinical and imaging evidence of a lesion. The Official Disability Guidelines state manipulation under anesthesia is currently under study as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting 3 to 6 months where range of motion remains significantly restricted with abduction less than 90 degrees, manipulation under anesthesia may be considered. In this case, this injured worker has active range of motion to include 90-degree abduction with 10-degree external and internal rotation. The injured worker also has positive Neer's and Hawkins impingement signs. The physician has noted an exhaustion of conservative treatment. However, there were no official imaging studies provided for review. While adhesive capsulitis may not appear on MRI, the request as submitted also includes evaluation of the rotator cuff. In addition, according to the documentation provided, a second consultation with an orthopedic surgeon was authorized on 02/16/2015. While it is unclear as to why the injured worker requested a second opinion, the additional updated report from the orthopedic surgeon was not provided. Based on the information received and the above-mentioned guidelines, the request is not medically necessary at this time.

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 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.

Post-Operative Physical Therapy (8-sessions, 2 times a week for 4 weeks 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.

Associated Surgical Service: Cold Therapy Unit (rental or purchase): 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.