

Case Number:	CM15-0070030		
Date Assigned:	04/17/2015	Date of Injury:	08/22/2007
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 22, 2007. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a request for shoulder injections and associated manipulation under anesthesia procedure. The claims administrator stated that he was basing the denial on lack of failure of conservative treatment, despite that the applicant was some 7½ years removed from the date of injury as of the date of request. The applicant's attorney subsequently appealed. In a March 20, 2015 RFA form, shoulder injection and manipulation under anesthesia procedure was proposed. In an associated progress note of March 11, 2015, the applicant reported 7/10 right shoulder pain. Ancillary complaints of neck and left shoulder pain were also reported. Right shoulder range of motion was limited with flexion and abduction in the 60- to 85-degree range. Positive signs of internal impingement were noted. The applicant was status post earlier failed right shoulder arthroscopy. The applicant had apparently developed adhesive capsulitis. A shoulder injection and manipulation under anesthesia were proposed, along with postoperative continuous passive motion (CPM) and physical therapy. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working. Naprosyn, Prilosec and Xanax were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER INJECTION, MANIPULATION UNDER ANESTHESIA:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 271-273. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation ACOEM V.3 Shoulder Specific Disorders Adhesive Capsulitis Manipulation Under Anesthesia Recommendation: Manipulation under Anesthesia for Treatment of Adhesive Capsulitis in Select Patients Manipulation under anesthesia is recommended for treatment of adhesive capsulitis in select patients. Indications Adhesive capsulitis, especially moderate to severely affected patients with pain and loss of active motion who do not respond sufficiently to NSAIDs, injection(s), and hydrodilatation. (1467, 1469) Frequency Generally, only 1 treatment performed; adequate, safe monitoring of anesthesia is required. Strength of Evidence Recommended, Evidence (C).

Decision rationale: Yes, the proposed manipulation under anesthesia procedure with associated corticosteroid injection was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of manipulation under anesthesia procedures. However, the Third Edition ACOEM Guidelines Shoulder Chapter notes that manipulation under anesthesia is recommended for the treatment of adhesive capsulitis in select applicants, especially moderately-to-severely affected individuals with pain and loss of active range of motion who did not respond sufficiently to conservative therapies. Here, the applicant has apparently failed to respond favorably to conservative treatment in form of time, medications, earlier shoulder arthroscopy, physical therapy, etc. Significantly limited shoulder range of motion was appreciated on the March 11, 2015 progress note in question, with flexion and abduction in the 60- to 85-degree range. Moving forward with the planned manipulation under anesthesia procedure, thus, is indicated. The MTUS Guidelines in ACOEM Chapter 9, Table 9-6, page 213 incidentally notes that two or three subacromial corticosteroid injections are recommended as part of rehabilitation program to treat rotator cuff inflammation and/or impingement syndrome. Here, the applicant was apparently experiencing signs of internal impingement on the March 11, 2015 progress note in question. The injection in question will apparently be delivered in conjunction with the primary request for a manipulation under anesthesia procedure. Since the primary request was deemed medically necessary, the derivative or companion request for an associated shoulder corticosteroid injection is likewise indicated, particularly in light of the favorable ACOEM position on the same. Therefore, the request (s) was/were medically necessary.