

<b>Case Number:</b>	CM13-0001058		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	06/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant injured his shoulder lifting pallets with the reported DOI 2/05/2013. He had persisting pain and limitations which included a significant diminished ROM in the shoulder. The MRI on 2/21/12 revealed severe tendonosis of the subscapularis tendon with a large partial thickness tear and probable small full thickness tear. Some impingement was noted. He was diagnosed with a rotator cuff tear, impingement syndrome and adhesive capsulitis (frozen shoulder). He failed conservative care and was authorized for a rotator cuff repair and decompression. Manipulation Under Anesthesia (MUA) as a part of the surgical procedures was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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; SHOULDER.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Acute and Chronic Updated 12/27/13, Manipulation Under Anesthesia.

**Decision rationale:** The denial of the shoulder manipulation under anesthesia (MUA) was based on the fact that the injured had not had the recommended amount of physical therapy for a frozen shoulder prior to a trial of MUA. This guideline recommendation is based on a shoulder that is not surgical for other reasons i.e., a symptomatic rotator cuff with a likely full thickness tear. Therapy that treats a frozen shoulder is geared to forceful ROM techniques with the therapist often physically pushing the ROM into a painful region. This would risk further tear of the rotator cuff and would delay the surgery that appears necessary. The rotator cuff qualifies for surgery and as part of post operative treatment/rehabilitation the ROM should be as full as possible. The surgical MUA has the greatest chance of improving the ROM for post operative rehabilitation.