

<b>Case Number:</b>	CM13-0025070		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 patient is a 56-year-old gentleman injured in a work related accident on 06/04/07. The recent clinical records for review include a progress report of 10/08/13 with treating physician, ■■■. ■■■■■ indicating the claimant is status post a left shoulder open rotator cuff repair and SLAP repair from May 2013. It states he has developed stiffness. He is noted to have been treated conservatively in the postoperative course with physical therapy, medications, and activity restrictions. Objectively, his motion is with full internal and external rotation, abduction to 90 degrees, and stating that he is improving. It states a manipulation under anesthesia had been recommended at present visit "with encouragement he has been performing physical therapy at home" and apparently making progress. The postoperative records for review do not include postoperative imaging. At present, there is a request for a manipulation under anesthesia with arthroscopic evaluation and debridement, postoperative physical therapy, the use of a sling, and cryotherapy device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation under anesthesia, possible arthroscopic examination and debridement of scar tissue:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.  
Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure.

**Decision rationale:** The California MTUS states "Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.) , Activity limitation for more than four months, plus existence of a surgical lesion, Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion , Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair". When looking at Official Disability Guidelines criteria, manipulation under anesthesia is only indicated for the diagnosis of adhesive capsulitis that has failed six months of conservative care with continued abduction of less than 90 degrees. The Official Disability Guidelines also goes on to indicate that the role of surgical arthroscopy for the diagnosis of adhesive capsulitis is "understudy" with the condition tending to be self limiting and responsive to conservative care including therapy, nonsteroidals, and a long term treatment regimen of supportive care. The recent clinical progress reports indicate that the claimant has been making significant progress with an aggressive home exercise and therapy program. His motion is at 90 degrees of abduction, which is noted to have been improved. Given the claimant's recent benefit with conservative care and guideline criteria that does not support the role of surgical intervention for a diagnosis of adhesive capsulitis or stiffness, the role of surgical process would not be supported.

**for post op physical therapy:** 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

**a sling:** 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.

**cold therapy unit:** 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.