

<b>Case Number:</b>	CM13-0028586		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	11/10/2009
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Orthopaedic Surgery, has a subspecialty in Shoulder and Elbow 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 47-year-old female who reported an injury on 11/01/2009. The patient is diagnosed with cervical sprain and thoracic outlet syndrome. The patient was seen by [REDACTED] on 08/16/2013. Physical examination revealed positive Spurling's maneuver, painful range of motion of the cervical spine, decreased sensation at the C6 dermatome, limited range of motion with weakness in the right shoulder, and palpable muscle spasm. Treatment recommendations included authorization for right shoulder debridement with manipulation under anesthesia, preoperative clearance, postoperative physical therapy and a postoperative 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 debridement, manipulation under anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, and the Postsurgical Treatment Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state 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 around the shoulder after exercise programs, and clean clinical and imaging evidence of a lesion. Official Disability Guidelines state diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Manipulation under anesthesia is current under study as an option in adhesive capsulitis in cases that are refractory to conservative therapy lasting at least 3 to 6 months where range of motion remains significantly restricted. As per the clinical notes submitted, there is no evidence in the submitted documentation of a previous course of aggressive physical therapy for at least 3 to 6 months where abduction remains less than 90 degrees. The latest physical examination revealed diminished range of motion; however, the provider did not distinguish between active and passive range of motion. There is also no evidence of inconclusive findings upon imaging study. Based on the clinical information received, the patient does not currently meet criteria for the requested surgical procedure. As such, the request is non-certified.

**Post op physical therapy two (2) times a week for six (6) weeks:** 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.