

<b>Case Number:</b>	CM13-0054820		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	05/05/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 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 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 is a 64-year-old gentleman who was injured in work related accident on 5/5/12. The clinical records for review include a PR-2 report of 10/15/13 describing limited motion of the left shoulder with chronic complaints of pain. Motion was 80 degrees of abduction and 90 degrees of forward flexion. The records documented that the claimant had left shoulder arthroscopy and labral repair on 8/8/12. Postoperative treatment has included physical therapy, medication management and activity restrictions. Records do not indicate that the claimant had a postoperative injection or other forms of recent treatment. The report of a postoperative MRI from March of 2013 showed no evidence of rotator cuff tearing, mild degenerative changes at the acromioclavicular joint and no other specific findings. There is currently a request for a manipulation under anesthesia for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MANIPULATION UNDER ANESTHESIA (MUA) OF THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this procedure. Based on the Official Disability Guidelines, the proposed manipulation under anesthesia of the left shoulder would not be indicated. The ODG recommend that manipulation is indicated for individuals that have exhausted conservative care of three to six months including injection therapy. While indications of restricted motion are noted, the medical records for review do not document recent conservative care including injections performed for the claimant's shoulder postoperatively. Therefore, the acute need of a manipulation under anesthesia would not be supported as medically necessary.