

Case Number:	CM13-0058754		
Date Assigned:	12/30/2013	Date of Injury:	05/30/2012
Decision Date:	05/06/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/27/2013

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 Pennsylvania. 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 44-year-old female injured in a work-related accident on May 30, 2012. There is documentation of an injury to the right shoulder. Recent clinical records for review include an October 17, 2013, follow-up report indicating that the claimant is status post a right shoulder arthroscopy on July 13, 2013, after which she developed adhesive capsulitis. The operative report indicates that the claimant underwent a bicipital tendon debridement with a subacromial decompression. Clinical findings during the October 17, 2013, assessment showed flexion to 80 degrees and positive adhesive capsulitis. The records reviewed did not indicate postoperative imaging. Given the claimant's continued complaints, this request is for a manipulation under anesthesia to allow for further assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER MANIPULATION PROCEDURE UNDER ANESTHESIA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - MANIPULATION UNDER ANESTHESIA (MUA)

Decision rationale: California MTUS and ACOEM Guidelines do not address manipulation of the shoulder under anesthesia. Under the Official Disability Guidelines, manipulation under anesthesia would not be indicated. At the time manipulation was recommended, the claimant was roughly three months post-surgery with limited documentation of conservative care. Official Disability Guideline criteria do not recommend manipulation under anesthesia without documentation of six months of conservative measures, including injection therapy. While the claimant's range of motion is noted to be restricted manipulation under anesthesia is not medically necessary, based on the lack of documentation of conservative measures, including injection therapy.