

<b>Case Number:</b>	CM13-0062258		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/25/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Surgeon and is licensed to practice in Texas. 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 patient is a 39-year-old male who reported an injury on 08/25/2012. The patient was reportedly injured while carrying multiple food trays. The patient is diagnosed with right shoulder pain, right shoulder acromioclavicular joint arthrosis, right shoulder superior labral tear, and status post right shoulder examination under anesthesia on 04/12/2013. The patient was seen by [REDACTED] on 11/21/2013. The patient reported persistent pain in the right shoulder. Physical examination revealed decreased sensation in the right upper extremity, tenderness to palpation along the cervical spine and right paravertebral muscles, 5/5 motor strength, significant guarding at 100 degrees, diminished external rotation, exquisite tenderness to palpation over the anterior joint line and acromioclavicular joint, as well as tenderness over the axillary incision. Treatment recommendations included manipulation under anesthesia with arthroscopic lysis of adhesions

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1. RIGHT SHOULDER MANIPULATION UNDER ANESTHESIA AND ARTHROSCOPIC LYSIS OF ADHESIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation under anesthesia (MUA)

**Decision rationale:** The 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, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the patient's physical examination of the right shoulder reveals significant guarding and tenderness to palpation. There is no evidence of an updated MRI of the right shoulder. There is no indication of an exhaustion of recent conservative treatment. Additionally, the Official Disability Guidelines state manipulation under anesthesia is currently under study as an option in adhesive capsulitis. There is no evidence of adhesive capsulitis for this patient. Based on the clinical information received, the request for Right Shoulder Manipulation under anesthesia, arthroscopic lysis of adhesions is non-certified

**MEDICAL CLEARANCE:**

**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.

**POST-OP NORCO 10/325 QTY: 25: 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.

**POST-OP PHYSICAL THERAPY DAILY FOR 2 WEEKS, FOLLOWED BY EVERY OTHER DAY FOR 2 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.

