

<b>Case Number:</b>	CM14-0102535		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine and Rehabilitation 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:

This 51 year-old patient sustained an injury on 4/27/12 while employed by [REDACTED]. Request(s) under consideration include Manipulation Under Anesthesia Left Shoulder and Compound Cream (Flurbiprofen 25%, Tramadol 15%). Report of 5/28/14 from the provider noted the patient with persistent chronic left shoulder pain. Exam showed left shoulder with limited range of motion with abduction of 90 degrees s/p left shoulder arthroscopy on 8/27/12 with revision on 6/4/13. There was report from surgeon on 6/3/14 noting improvement with range of motion specifically passive range and did not feel that manipulation would help, but suggested continued physical therapy to avoid procedure as recent improvements were seen with therapy. The patient has completed 36 sessions of post-operative therapy over the last year. The request(s) for Manipulation under Anesthesia Left Shoulder and Compound Cream (Flurbiprofen 25%, Tramadol 15%) were non-certified on 6/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation Under Anesthesia Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation under anesthesia (MUA), pages 924-925

**Decision rationale:** Per Guidelines, although Manipulation under Anesthesia (MUA) may be effective in shortening the course and restoring joint mobilization, it is still considered under study as the method can cause iatrogenic intra-articular damage when not performed appropriately. This procedure may be a treatment option in the diagnosis of shoulder adhesive capsulitis when there is evidence of refractory or failed conservative therapy of at least 3-6 months with documented significant restricted abduction range of less than 90 degrees, limiting the patient's function and ADLs. However, this has not been demonstrated here without recommendation from treating surgeon who opined for further therapy. Submitted reports have not identified specific diagnosis, clear clinical findings, or failed conservative trial with limited ADLs to support for this procedure. The Manipulation Under Anesthesia Left Shoulder is not medically necessary and appropriate.

**Compound cream (Flurbiprofen 25%, Tramadol 15%):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Compound Cream (Flurbiprofen 25%, Tramadol 15%) is not medically necessary and appropriate.