

<b>Case Number:</b>	CM14-0017384		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 and Washington. 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 injured worker is a 52-year-old male who reported an injury on 04/04/2008 due to an unknown mechanism. Physical examination dated 03/31/2014 revealed the injured worker had tightness, pain, and loss of motion of the right shoulder. The injured worker had arthroscopic subacromial decompression surgery with lysis of adhesions, right shoulder, on 10/04/2013. The injured worker has been on physical therapy just prior to this physical assessment. The injured worker has been on a home exercise program since then. It was reported there has been little change. The injured worker was unable to elevate the arm over the head or above shoulder level. The intensity of the pain was estimated to be 8 on a scale of 10. Examination of the right shoulder showed range of motion flexion was to 85 degrees, abduction was to 65 degrees, internal rotation was to 30 degrees, external rotation was to 40 degrees, extension was to 40 degrees, abduction was to 20 degrees. There was pain with provocative testing for impingement (pain with Hawkins and Neer testing). Neurological exam revealed numbness, weakness in extremities, and tingling. Medications for the injured worker were not reported. Diagnoses were contracture of joint of right shoulder region and adhesive capsulitis of right shoulder. Rationale was not reported in the note. The Request for Authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CLOSED MANIPULATION OF RIGHT SHOULDER JOINT:** 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 (ODG) Shoulder, Manipulation Under Anesthesia.

**Decision rationale:** The request for closed manipulation of right shoulder joint is not medically necessary. There were no diagnostic studies submitted for review. Medications for the injured worker were not reported. Reports from physical therapy were not submitted with objective functional improvement or functional deficits. Official Disability Guidelines for manipulation under anesthesia state 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 (abduction less than 90 degrees), manipulation under anesthesia may be considered. There is some support for manipulation under anesthesia in adhesive capsulitis, based on consistent positive results from multiple studies, although these studies are not high-quality. Manipulation under anesthesia for frozen shoulder may be an effective way of shortening the course of this apparently self-limiting disease, and should be considered when conservative treatment has failed. Manipulation under anesthesia may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition. Even though manipulation under anesthesia is effective in terms of joint mobilization, the method can cause iatrogenic intra-articular damage. It is currently unclear as to whether there is a difference in the clinical effectiveness in an arthroscopic capsular release compared to manipulation under anesthesia in patients with recalcitrant idiopathic adhesive capsulitis. Medications for the injured worker were not reported, along with physical therapy reports. As clear documentation showing that the injured worker has not responded to at least 3-6 months of conservative treatment was not provided, the request is not supported. Therefore, the request is not medically necessary.