

<b>Case Number:</b>	CM14-0112563		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Orthopedic Surgery 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 injured worker is a 65-year-old female who reported an injury on 03/02/2012. The mechanism of injury was lifting a heavy object. The injured worker reportedly sustained an injury to her right shoulder and ultimately underwent surgical intervention on 05/22/2013. The injured worker failed to respond to postoperative physical therapy and developed adhesive capsulitis. The injured worker is a 65-year-old female who reported an injury on 03/02/2012. The mechanism of injury was lifting a heavy object. The injured worker reportedly sustained an injury to her right shoulder and ultimately underwent surgical intervention on 05/22/2013. The injured worker failed to respond to postoperative physical therapy and developed adhesive capsulitis. The injured worker underwent manipulation under anesthesia on 12/30/2013. This was followed by postoperative physical therapy. The injured worker was evaluated on 06/26/2014. It was noted that the injured worker's condition had remained unchanged for approximately 6 months. It was noted that the injured worker reported a pain level of 8/10. Physical findings included diffuse tenderness of the right shoulder with range of motion described as 96 degrees in forward flexion, 85 degrees in abduction, 63 degrees in external rotation, and 45 degrees to the buttocks in internal rotation. The injured worker had a positive impingement sign and Hawkins' sign. The injured worker's diagnoses included status post arthroscopy, continued impingement, rotator cuff tendinosis, and adhesive capsulitis. A recommendation for a second manipulation under anesthesia procedure was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder manipulation under anesthesia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter, manipulation under anesthesia (MUA).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address this type of treatment. The Official Disability Guidelines recommend manipulation under anesthesia for injured workers who have adhesive capsulitis refractory to conservative treatment for longer than 3 months to 6 months with significantly restricted range of motion. The clinical documentation submitted for review does indicate that the injured worker has significantly restricted range of motion that has failed to respond to at least 6 months of conservative treatment. However, the clinical documentation does indicate that the injured worker has already undergone 1 manipulation under anesthesia procedure. The clinical documentation does not provide any justification for an additional procedure as there is no significant alteration in the injured worker's treatment plan. Therefore, there is no way to determine if the injured worker will have a significantly altered outcome from an additional procedure. As the injured worker did not have a positive response to the first procedure, justification for a second manipulation under anesthesia without alteration to the postsurgical treatment plan would be considered a redundant procedure. As such, the requested Right shoulder manipulation under anesthesia is not medically necessary or appropriate.

**Preoperative labs: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Low Back Chapter, Preoperative testing, general.

**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.

**Preoperative EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Low Back Chapter, Preoperative electrocardiogram (EKG); Criteria for preoperative electrocardiogram (EKG), High Risk procedures.

**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.

**Shoulder sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter, Immobilization and Postoperative abduction pillow sling.

**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-operative physical therapy, times 12 visits to right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.