

<b>Case Number:</b>	CM14-0113694		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 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 63-year-old male sustained an industrial injury on 3/19/13. The injury occurred when rolling stacks of three gallon containers. The patient underwent left shoulder arthroscopy with subacromial decompression, distal clavicle excision, extensive debridement of the glenohumeral joint, open biceps tenodesis, and manipulation under anesthesia on 1/23/14. The treating physician report dated 5/21/14 cited continued left shoulder discomfort with some improvements. Left shoulder exam showed tenderness about the surgical site. Range of motion testing documented forward flexion 130 degrees, abduction 100 degrees, external rotation 90, and internal rotation 70 degrees. Abduction and external rotation strength was 4/5. The physical therapy chart note dated 6/27/14 indicated that 6 authorized visits remained. The patient reported continued stiffness with overhead movements but range of motion was reported as improving. The utilization review determination dated 7/8/14 denied the request for manipulation under anesthesia as there were no current treatment reports available to support the medical necessity of the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder manipulation under anesthesia:** Upheld

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

**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).

**Decision rationale:** The California MTUS guidelines do not provide surgical criteria for manipulation under anesthesia. The Official Disability Guidelines stated that manipulation under anesthesia is under study as an option for adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered. The use of physical therapy and injections are recommended for the treatment of adhesive capsulitis. Guideline criteria have not been met. The most recent progress report documented abduction as 100 degrees with continued physical therapy noted. There is no indication that injections have been tried and have failed. There is no compelling reason to support the medical necessity of manipulation under anesthesia at this time. Therefore, this request for left shoulder manipulation under anesthesia is not medically necessary.

**12 Postoperative physical therapy sessions: 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 (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.