

<b>Case Number:</b>	CM14-0117132		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 47-year-old male who reported an injury on 12/18/2013 after a fall. The injured worker reportedly sustained an injury to his right shoulder. The injured worker ultimately underwent lysis of adhesions and repair of a rotator cuff; however, the injured worker's physical therapy was not initiated in a timely manner and the injured worker developed significant arm stiffness. The injured worker was evaluated on 06/09/2014. Physical findings included range of motion described as 60 degrees in abduction and forward flexion, and significantly limited external and internal rotation. The injured worker's treatment plan included manipulation under anesthesia with possible arthroscopic capsular release followed by immediate indication of outpatient physical therapy. A letter of appeal dated 07/23/2014 documented the injured worker's range of motion of the right shoulder was described as 50 degrees in abduction and no internal or external rotation. It was there that it was noted that the injured worker's previous physical therapy was not initiated in a timely manner and that the injured worker had developed postsurgical adhesive capsulitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy Right Shoulder, Manipulation Capsular Release:** 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 Chapter, Manipulation under anesthesia (MUA) and Surgery for adhesive capsulitis.

**Decision rationale:** The requested Arthroscopy Right Shoulder, Manipulation Capsular Release is not medically necessary or appropriate. The request as it is submitted does not clearly identify whether the requested treatment is manipulation under anesthesia or arthroscopic capsular release. The California Medical Treatment Utilization Schedule does not address either surgical intervention for the shoulder. Official Disability Guidelines support the use of manipulation under anesthesia for injured workers who have postsurgical adhesive capsulitis refractory to conservative treatment for at least 3 to 6 months. However, the use of surgical intervention for adhesive capsulitis to include capsular release is not supported by Official Disability Guidelines as it is considered under study and investigational. As there is no way to clearly identify what surgical treatment is being requested, the request in its entirety is not considered medically necessary or appropriate. As such, the requested Arthroscopy Right Shoulder, Manipulation Capsular Release is non-certified.