

<b>Case Number:</b>	CM14-0175901		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Family Practice 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:

The patient is a 45-year-old male with a date of injury on December 5, 2012. The patient reported cumulative trauma to his right shoulder and underwent right shoulder arthroscopy in July 2013. Follow-up MRI on October 2013 revealed some question as to a failed slap repair as well as some question as to displacement of the anchors within the shoulder joint and a question of whether he had a full thickness rotator cuff tendon tear. According to an orthopedic evaluation on August 19, 2014 by [REDACTED] the patient was diagnosed with (1) right shoulder arthroscopy, slap repair with subacromial decompression at this point with potential: failed slap repair with associated development posttraumatic osteoarthritis, residual and persistent rotator cuff tendon tear, development of superseding frozen shoulder/adhesive capsulitis (2) cervical degenerative disc disease with overlying neurogenic pain potential source of pain (3) severe right CTS (4) potential for chronic pain syndrome. The physician opines that the patient's major issue is with his cervical spine and severe left CTS. The physician recommends CESI and right CTR before repeating any type of procedure with respect to the right shoulder. The patient was seen by [REDACTED] on September 25, 2014. Right shoulder examination revealed active forward flexion of 130/180, external rotation of 40/90, and internal rotation to the side T7. With the arm elevated to 90, internal rotation is 30. Request was made for MUA and ultrasound guided intra-articular corticosteroid injection. Utilization review was performed on October 15, 2014 at which time the request for manipulation under anesthesia and injection was denied. On October 13, 2014, the peer reviewer spoke to [REDACTED] who stated the patient was not compliant with physical therapy and she questioned the patient's overall legitimacy, pain complaints, and secondary gain issues. [REDACTED] opined that MUA was a bad idea and that the patient's ROM is probably better than he portrays.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation under anesthesia with ultrasound guided intra-articular corticosteroid injection to right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines does not address shoulder MUA and injection.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MUA, steroid injections.

**Decision rationale:** According to ODG, Manipulation under anesthesia (MUA) is under study as an option in 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 patient does not meet the criteria for MUA. There is also concern for secondary gain as noted in the prior peer to peer discussion. In addition, a second opinion from [REDACTED] noted that at this time further treatment to the right shoulder is not recommended. As such, the request for Manipulation under anesthesia with ultrasound guided intra-articular corticosteroid injection to right shoulder is not medically necessary.