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| <b>Case Number:</b>   | CM14-0038634 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 01/12/2011 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 03/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/02/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 58 year old male who reported an injury to his right shoulder on 1/12/11. A clinical note dated 02/20/14 indicated the injured worker demonstrating 100 degrees of abduction at the right shoulder along with 160 degrees of flexion and 10 degrees of external and internal rotation. The injured worker showing signs of adhesive capsulitis at the right shoulder. The injured worker previously underwent rotator cuff repair at the right. The injured worker had been through physical therapy and had not been compliant with home exercise program. The injured worker was recommended for manipulation under anesthesia at the right shoulder. The MRI of the left shoulder dated 02/06/14 revealed full thickness supraspinatus tear without atrophy. The operative note dated 08/16/13 indicated the injured worker undergoing rotator cuff repair at the right shoulder. Utilization review dated 02/20/14 resulted in denial for manipulation under anesthesia as the functional deficits did not meet the necessary criteria for adhesive capsulitis, thus, the proposed manipulation under anesthesia at the right shoulder was not indicated at that time.

### 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 Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines: shoulder Chapter.

**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 request for right shoulder manipulation under anesthesia is not recommended. The clinical documentation indicates the injured worker complaining of right shoulder pain despite previous surgical intervention. Most recent clinical records indicate the injured worker demonstrating 100 degrees of abduction. Manipulation under anesthesia is indicated at the shoulder provided the injured worker meets specific criteria, including functional deficits identified at the shoulder of abduction of less than 90 degrees. Given the inadequate information confirming significant abduction deficits, this request is not indicated at this time. Therefore, the request is not medically necessary.