

<b>Case Number:</b>	CM14-0044839		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Hand 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 50-year-old female who reported an injury on 07/10/2012 due to a fall. The injured worker reportedly sustained an injury to her shoulder. Treatment history included arthroscopic rotator cuff repair and subacromial decompression on 10/10/2013. The injured worker was evaluated by physical therapy on 02/14/2014. It was documented that the patient had active range of motion described as 128 degrees in flexion, 88 degrees in abduction, and 30 degrees in external rotation with motor strength rated at a 4/5. The injured worker was again evaluated by physical therapy on 03/05/2014. Active range of motion was described as 143 degrees in shoulder flexion, 58 degrees in shoulder extension, 108 degrees in shoulder abduction, 50 degrees in shoulder external rotation, and to the T12 in internal rotation with 5/5 motor strength. Evaluation dated 03/17/2014, documented that the injured worker lacked full range of motion in abduction and flexion. The treatment plan included manipulation under anesthesia and keloid excision.

### 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 and keloid excision:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013, Shoulder Manipulation under Anesthesia.

**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 Other Medical Treatment Guideline or Medical Evidence: Zimmer, T. (2012). Treatment of Hypertrophic Scars and Keloids and the Role of the Nurse Practitioner.

**Decision rationale:** The Official Disability Guidelines recommend a manipulation under anesthesia for patients who are diagnosed with adhesive capsulitis. The clinical documentation provided for review does not provide any evidence that the injured worker had restricted range of motion less than 90 degrees that would require this invasive intervention. Additionally, the clinical documentation does indicate that the patient has had positive responses to postoperative physical therapy. Additionally, although keloid excision is supported by peer reviewed literature when there is documentation of pain that interferes with functional capabilities, the request is in conjunction of the manipulation under anesthesia, and therefore would not be considered. As such, the request for right shoulder manipulation under anesthesia and keloid excision is not medically necessary and appropriate.