

<b>Case Number:</b>	CM14-0045003		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/13/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/25/2014
<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 57-year-old female who reported an injury on 07/13/2013. The injured worker was evaluated on 02/10/2014. It was documented that the injured worker had persistent right shoulder pain complaints. Physical examination findings included decreased passive range of motion with limited rotational motion and a positive impingement sign with decreased motor strength of the right upper extremity. The injured worker's diagnoses at that appointment included pain in shoulder joint, SLAP tear, and adhesive capsulitis. The injured worker underwent MR arthrogram on 03/06/2014. It was documented that the injured worker had evidence of a type 1 acromion, intact infraspinatus, subscapularis and there is spinous tendon with evidence of a labral tear. The injured worker was evaluated on 04/10/2014. It was documented that the injured worker had improved range of motion when compared to the previous visit; however, had continued pain complaints of weakness of the right shoulder. Due to the injured worker's ongoing pain complaints, shoulder arthroscopy for biceps tendinosis and manipulation under anesthesia for adhesive capsulitis was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery Right Shoulder Arthroscopy, MUA, Biceps Tenodesis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation Under Anesthesia.

**Decision rationale:** The requested surgery right shoulder arthroscopy manipulation under anesthesia with biceps tendinosis is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has persistent pain and weakness complaints that may benefit from arthroscopy and biceps tendinosis. The American College of Occupational and Environmental Medicine recommend surgical intervention for shoulder injuries when there are physical findings of functional deficits corroborated by pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has a type 1 acromion that would benefit from surgical intervention. However, the requested manipulation under anesthesia is not supported. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend manipulation under anesthesia when there is documentation of significantly limited range of motion that has failed to respond to conservative treatment. The clinical documentation does not provide a quantitative measure to support significant functional deficit related to range of motion. Additionally, it is noted within the documentation that the injured worker's range of motion was improved and that the main issue was weakness and pain complaints. Therefore, it is unclear how manipulation under anesthesia would benefit this injured worker. As such, the requested surgery right shoulder arthroscopy, manipulation under anesthesia biceps tenodesis is not medically necessary or appropriate.