

<b>Case Number:</b>	CM14-0046750		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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:

This is a 57 year old claimant with reported industrial injury of 4/25/13. The claimant is with reported complaints of left shoulder pain. An AME report from 11/8/13 demonstrates claimant sustained injury to the left shoulder on 4/25/13. Examination of the left shoulder shows areas of tenderness, supraspinatus weakness and limited and painful range of motion. An MRI of the left shoulder from 6/11/13 demonstrates rotator cuff tear, tear of the biceps tendon at the biceps anchor with tendon retraction into distal bicipital groove. Exam note from 3/27/14 demonstrates range of motion of flexion to 125 degrees, abduction of 100 degrees, external rotation of 25 degrees, internal rotation to hip level and 4/5 strength in left shoulder. Prior utilization approval for manipulation under anesthesia for adhesive capsulitis noted on 4/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder manipulation under anesthesia with injection under anesthesia with CPM:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Shoulder Procedure Summary(last updated 12/27/2013).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, surgery for adhesive capsulitis.

**Decision rationale:** The California MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the Official Disability Guidelines, Shoulder section, surgery for adhesive capsulitis, is under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. In this case there is insufficient evidence of failure of conservative management in the notes submitted from 3/27/14. Until a conservative course of management has been properly documented, the request is not medically necessary.

**CPM (continuous passive motion)purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, CPM.

**Decision rationale:** The California MTUS/ACOEM guidelines are silent on the issue of CPM machines. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. In this case there is an undetermined amount of days requested for CPM. Therefore the request is not medically necessary.