

<b>Case Number:</b>	CM14-0077007		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Orthopaedic 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 53-year-old male sustained an industrial injury on 8/19/11, relative to a motor vehicle accident. The initial diagnosis was left clavicle comminuted fracture, bilateral knee contusions, left hip contusion/hip dysplasia, and possible trochanteric bursitis. The patient was status post left shoulder arthroscopy with subacromial decompression and limited debridement of the superior labrum on 6/1/12. The 10/19/13 left shoulder MRI revealed a stable low to moderate grade articular surface tear of the supraspinatus tendon. There was mild to moderate osteoarthritis of the acromioclavicular joint. There was a stable-appearing 10 mm cystic lesion within the humeral head. The 3/12/14 QME report documented left shoulder forward flexion of 160 degrees, adduction of 20 degrees, and abduction of 150 degrees. There was tenderness, positive impingement signs, and possible rotator cuff tendinitis. The treatment plan indicated that the orthopedist had not recommended a second surgery, but a second opinion was necessary because of persistent symptomatology and abnormal MRI findings following the surgical procedure. The 4/9/14 treating physician report indicated that the patient was extremely frustrated and not getting better. Physical exam documented abduction was 140, and very painful after that. Neer's, Hawkin's and cross adduction tests were positive on the left. There was disfigurement of the left clavicle. There was a slight bump on the left clavicle slightly tender to touch. The orthopedic surgeon had performed a cortisone injection to the left shoulder with no improvement. The treating physician recommended manipulation under anesthesia followed by physical therapy. The 5/9/14 utilization review denied the request for manipulation under anesthesia as there were no exam findings consistent with adhesive capsulitis.

### 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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation ODG 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, Manipulation under anesthesia (MUA).

**Decision rationale:** The California MTUS does not provide specific criteria for manipulation under anesthesia. The Official Disability Guidelines state that manipulation under anesthesia 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. Guideline criteria have not been met. There is no current evidence of adhesive capsulitis. Recent reports have documented abduction ranging from 140 to 150 degrees, with pain. The patient did not respond to a recent cortisone injection. The AME indicated that the orthopedic surgeon had not requested a second surgery and recommended that a second opinion be performed. There is no evidence that the second opinion has been performed or that the orthopedic surgeon is requesting manipulation under anesthesia. The motion documented did not support the request. Therefore, this request for left shoulder manipulation under anesthesia is not medically necessary.

**6 Physical Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG manipulation under anesthesia.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are not medically necessary.