

<b>Case Number:</b>	CM14-0077570		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 57-year-old male who reported an injury on 08/17/2009. He reportedly sustained an injury when trying to catch a metal door falling. On 04/16/2014, the injured worker presented with constant neck pain. Upon examination of the cervical spine, tenderness to palpation over the paracervical musculature including the rhomboids and trapezius with spasm bilaterally. There was restricted right range of motion and tenderness to palpation over the acromioclavicular joint and greater tuberosity of the shoulder. There was restricted range of motion in the right shoulder. The right grip and grasp had weakness of the right hand as compared to the left. The diagnoses were right shoulder rotator cuff tear, right shoulder impingement, AC joint arthrosis, and C5-6 and C6-7 anterior cervical discectomy and fusion. Prior therapy included surgery and medications. The provider recommended right shoulder manipulation under anesthesia. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### 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 (MUA): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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, Manipulation under anesthesia (MUA).

**Decision rationale:** The request for Right Shoulder Manipulation Under Anesthesia (MUA) is not medically necessary. Official Disability Guidelines state manipulation under anesthesia (MUA) 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, manipulation under anesthesia may be considered. The clinical documentation stated that the range of motion for the right shoulder is 80 degrees of abduction. There was grip and grasp weakness to the right hand as compared to the left. However, there is lack of documentation of failure to respond to conservative treatment to include physical therapy and medication. The efficacy of prior courses of conservative therapy has not been provided. As the guidelines state that manipulation under anesthesia is under study, the right shoulder manipulation under anesthesia would not be warranted. As such, the request is not medically necessary.