Case Number:	CM14-0088983		
Date Assigned:	07/23/2014	**Date of Injury:**	12/31/2013
Decision Date:	09/25/2014	**UR Denial Date:**	05/08/2014
Priority:	Standard	**Application Received:**	06/12/2014

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, has a subspecialty in 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 claimant is a 58-year-old gentleman who sustained a proximal humeral head fracture in a work related accident on 12/31/13 and subsequently underwent open reduction and internal fixation on 01/06/14. Postoperatively, the claimant has been treated with immobilization, physical therapy, medication management and activity restrictions. The progress report on 03/18/14 noted continued complaints of pain and stiffness. Physical examination showed abduction to 68 degrees and flexion to 78 degrees. Plain film radiographs on that date were documented to show callous formation and early bone remodeling of the fracture. Recommendations from the treating surgeon at that time were for hardware removal and manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder proximal screw removal and manipulation under anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Shoulder, Hardware Implant Removal.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Manipulation

under anesthesia (MUA) and Hardware Implant removalUnder 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 90Â°), manipulation under anesthesia may be considered. There is some support for manipulation under anesthesia in adhesive capsulitis, based on consistent positive results from multiple studies, although these studies are not high quality. (Colorado, 1998) (Kivimaki, 2001) (Hamdan, 2003) Manipulation under anesthesia (MUA) for frozen shoulder may be an effective way of shortening the course of this apparently self-limiting disease and should be considered when conservative treatment has failed. MUA may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition. (Andersen, 1998) (Dodenhoff, 2000) (Cohen, 2000) (Othman, 2002) (Castellarin, 2004) Even though manipulation under anesthesia is effective in terms of joint mobilization, the method can cause iatrogenic intraarticular damage. (Loew, 2005) When performed by chiropractors, manipulation under anesthesia may not be allowed under a state's Medical Practice Act, since the regulations typically do not authorize a chiropractor to administer anesthesia and prohibit the use of any drug or medicine in the practice of chiropractic. (Sams, 2005) This case series concluded that MUA combined with early physical therapy alleviates pain and facilitates recovery of function in patients with frozen shoulder syndrome. (Ng, 2009) This study concluded that manipulation under anaesthesia is a very simple and noninvasive procedure for shortening the course of frozen shoulder, an apparently self-limiting disease, and can improve shoulder function and symptoms within a short period of time, but there was less improvement in post-surgery frozen shoulders. (Wang, 2007) Two lower quality studies have recently provided some support for the procedure. In this study manipulation under suprascapular nerve block and intra-articular local anesthesia shortened the course of frozen shoulder (FS), although it is an apparently self-limiting disease. (Khan, 2009) In this study manipulation under anesthesia combined with arthroscopy was effective for primary frozen shoulder. (Sun, 2011) Frozen shoulder has a greater incidence, more severe course, and resistance to treatment in patients with diabetes mellitus compared with the general population, but outcomes for diabetic patients with frozen shoulder undergoing treatment with manipulation under general anaesthesia (MUA) are the same as patients without diabetes. (Jenkins, 2012)

Decision rationale: Based on the California ACOEM Guidelines and the Official Disability Guidelines, the request for left shoulder proximal screw removal and manipulation under anesthesia ole of hardware removal and manipulation under anesthesia cannot be supported as medically necessary. ACOEM Recommends imaging confirmation of the shoulder diagnosis. The documentation at the time of the request, 03/18/14, noted that plain film radiographs showed early callous and bone remodeling with no formal healing of the fracture noted. The fracture site was technically still in the healing phase. Therefore, it is unclear as to why a manipulation procedure would be recommended in a fracture that is still technically healing as the claimant was only two and one half months post-surgery at the time of the request. In the absence of documentation of three to six months of conservative care and documentation of healing of the surgically fixated fracture, the request for hardware removal and manipulation is not medically necessary and appropriate.