

<b>Case Number:</b>	CM14-0090474		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 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 31-year-old male who reported an injury on 10/12/2013. The mechanism of injury was not stated. The current diagnoses include pain in a shoulder region, shoulder impingement, adhesive capsulitis, and SLAP lesion. The injured worker was evaluated on 05/22/2014 with persistent right shoulder pain. It is noted that the injured worker has been previously treated with an extensive amount of physical therapy, a cortisone injection, and pain medication. Physical examination on that date revealed 90 degree forward flexion, 60 degree external rotation, internal rotation to L5, and 3/5 strength. Treatment recommendations at that time included manipulation under anesthesia and arthroscopy for lysis of adhesions.

### 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 and Arthroscopy for Lysis of adhesions:**  
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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation under Anesthesia.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flags of a serious nature, activity limitation for more than 4 months, failure to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. The Official Disability Guidelines state manipulation under anesthesia is currently under study as an option in adhesive capsulitis in cases that are refractory to conservative therapy lasting at least 3 to 6 months where range of motion remains significantly restricted (abduction less than 90 degrees). As per the documentation submitted, it is noted that the injured worker has been previously treated with physical therapy, a cortisone injection, and medication. However, it is noted that injured worker has completed 9 out of 20 approved physical therapy sessions. Official Disability Guidelines recommend manipulation under anesthesia following a failure of conservative therapy for at least 3 to 6 months. There was also no objective evidence of abduction less than 90 degrees. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

**Physical Therapy Post-Operation three times a week for four weeks for the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Continuous Passive motion device Post-Op rental 14-21 days:** 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 cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Assistant Surgeon:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.