

<b>Case Number:</b>	CM14-0098514		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Pennsylvania. 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 55 year old male who sustained a vocational injury on 10/08/08 while moving a heavy table, working as a custodian. The most recent office note available for review suggests the claimant has signs of adhesive capsulitis and could abduct the left arm to 100 degrees. The current request is for a left shoulder manipulation under anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation Under Anesthesia Left Shoulder:** 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 - MUA.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Com; 18th Edition; 2013 Updates; Shoulder chapter.

**Decision rationale:** The California ACOEM and MTUS Guidelines do not address this request. The Official Disability Guidelines support the use of manipulation under anesthesia for cases that are refractory to conservative therapy lasting at least three to six months and should include treatments such as aggressive form of physical therapy, home exercise program, activity modification, anti-inflammatories, and injection therapy. The documentation presented for

review suggests the claimant has had significant amount of both occupational and formal physical therapy in the past; however, none of the documentation specifically reviews or suggests that the claimant has had an aggressive form of physical therapy for the left shoulder recently. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the left shoulder manipulation under anesthesia cannot be considered to be medically necessary at this time.