

<b>Case Number:</b>	CM14-0174260		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Hand 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 42-year-old female who reported an injury on 03/18/2014. She was walking along the hallway and stumbled and upon falling, she landed on her right side. On 03/27/2014, the injured worker presented with difficulty raising the right arm due to pain with arm weakness and sleep disturbed with nocturnal symptoms. She stated that over the counter ibuprofen provided relief. Upon examination, the range of motion for the shoulder was limited due to pain. There was weakness noted with no neurological or sensation deficits noted. Diagnoses were not listed. The provider recommended a right shoulder acromioplasty, manipulation under anesthesia for the right shoulder and a possible rotator cuff repair. There was no rationale 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:

**Manipulation under anesthesia, right 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 (ODG)

**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

**Decision rationale:** The Official Disability Guidelines state that manipulation under anesthesia is under study as an option for adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3 months to 6 months where range of motion remains significantly restricted, manipulation under anesthesia may be considered. The clinical documentation submitted for review noted range of motion for the shoulder was limited due to pain and weakness. There was no neurologic or sensation deficits. The injured worker does not have a diagnosis congruent with the guideline recommendation for manipulation under anesthesia. As such, medical necessity has not been established.

**Possible rotator cuff repair, right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM California Guidelines Plus web-based version

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that rotator cuff repair is indicated for significant tears that impair activity by causing weakness with arm elevation or rotation, particularly in younger workers. Rotator cuff tears are frequently partial thickness or smaller full thickness tears. Consideration is recommended after a 4 month period of activity limitation with failure to respond to conservative treatment, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical notes submitted for review failed to show evidence of a lesion on imaging studies to support surgical intervention. Additionally, there is a lack of documentation on previous conservative treatments the patient underwent and the efficacy of those treatments. There were no neurologic or sensation deficits noted on physical examination. As such, medical necessity has not been established. The request for Possible rotator cuff repair, right shoulder is not medically necessary.