

<b>Case Number:</b>	CM14-0201891		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Minnesota. 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 47-year-old female with a history of pain in both shoulders from repetitive motion trauma. She underwent arthroscopy with subacromial decompression and rotator cuff repair of both shoulders. Per exam note of 10/15/2014, the left shoulder is doing fine; however, the right shoulder is stiff and painful 4 months after rotator cuff repair. She had a corticosteroid injection with minimal relief. On examination right shoulder range of motion is limited by 50%. Incisions are well-healed. The documentation does not indicate impingement signs, passive range of motion, or rotator cuff strength. A request for right shoulder manipulation, scar debridement and arthroscopy was noncertified by utilization review for lack of the missing data including passive range of motion, rotator cuff strength and impingement signs. Guidelines require the passive range of motion to indicate the requested procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder manipulation, scar debridement with arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Surgery for Adhesive Capsulitis, Manipulation under Anesthesia.

**Decision rationale:** California MTUS guidelines do not address the indications for manipulation under anesthesia. ODG guidelines are therefore used. The guidelines indicate manipulation under anesthesia is indicated 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 90) manipulation under anesthesia may be considered. The documentation provided does not indicate the range of motion. Adhesive capsulitis is considered self-limiting and conservative treatment with physical therapy and NSAIDs combined with corticosteroid injections is a good long-term treatment regimen but there is some evidence of support for arthroscopic debridement for cases failing conservative treatment. Based upon the absence of documentation supporting the request for arthroscopy as well as manipulation under anesthesia, particularly the range of motion, the request as stated is not supported by guidelines and as such, the medical necessity of the request is not substantiated.