

<b>Case Number:</b>	CM14-0201940		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/20/2014
<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 43-year-old female with a reported injury date of 8/23/2013. The mechanism of injury reported is from lifting a 50 pound pot. She felt a pop in her shoulder and back. The first report of injury indicates an initial examination on 4/17/2014. She was complaining of pain in the left shoulder. She was 2 months post surgery for the left shoulder. The operative report is not submitted. She was also complaining of low back pain and left leg pain. The diagnosis was impingement syndrome of the left shoulder and lumbago. An MRI scan of the left shoulder was performed on June 20, 2014. This revealed acromioclavicular arthritis, artifact from prior rotator cuff surgery but no other significant findings. A progress note dated 8/14/14 documents pain in the left shoulder and lower back with weakness, numbness and tingling in both arms and both legs. There was limitation of range of motion of the left shoulder documented. A request for manipulation under anesthesia was noncertified by utilization review on 11/20/2014 as passive range of motion was not documented and a conservative treatment program of corticosteroid injections and physical therapy was also not documented.

### 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:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition Shoulder Chapter

**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: Manipulation under anesthesia

**Decision rationale:** California MTUS guidelines do not address the criteria for manipulation under anesthesia. ODG guidelines are therefore used. The guidelines indicate manipulation under anesthesia in refractory cases in which conservative treatment lasting 3-6 months has not been effective in restoring the range of motion. Adhesive capsulitis is a self-limiting disease but manipulation under anesthesia may be an effective way of shortening the course of this disease. The documentation from August 14, 2014 indicates pain levels of 7/10 with radiation to the elbow and fingers. There was limited range of motion of the left shoulder particularly flexion and abduction but internal and external rotation were normal. The documentation does not indicate if this is active or passive range of motion. Response to corticosteroid injections and physical therapy is not documented. A progress report dated 10/8/2014 stated that there was constant sharp pain in the left shoulder with a pain score of 7/10. There was numbness and tingling and weakness of both arms. She also had headaches, dizziness, and difficulty sleeping. A detailed shoulder examination was not documented. The conservative treatment recommended per guidelines with corticosteroid injections and physical therapy or a supervised home exercise program for 3-6 months along with corticosteroid injections is not documented. As such, the request for manipulation of the left shoulder under anesthesia is not supported by guidelines and the medical necessity of the request is not substantiated.