

<b>Case Number:</b>	CM14-0219340		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 64-year-old female who reported injury on 06/13/2012. The mechanism of injury was the injured worker was trying to break her fall when she slipped while going down stairs. The diagnoses included shoulder adhesive capsulitis, rotator cuff syndrome and chronic pain syndrome. The injured worker was noted to undergo an MRI of the left shoulder on 03/25/2013, which revealed a healing fracture of the proximal third of the humeral shaft with mild marrow edema, suggesting a subacute injury; it was noted the fracture may involve the proximal metaphysis of the humerus and there was no evidence of rotator cuff tear or adhesive capsulitis. The injured worker underwent a left shoulder manipulation on 07/09/2013, a left shoulder second manipulation and arthroscopic lysis of adhesions and debridement on 04/08/2014 without significant benefit. The documentation of 10/30/2014 revealed the injured worker had pain in the neck, left parascapular area, left shoulder and arm. The medications included lisinopril and Percocet. The physical examination revealed decreased range of motion of the left shoulder and poor strength. The diagnoses included adhesive capsulitis left shoulder. The documentation indicated the physician opined the only treatment would be a redo of the manipulation under arthroscopy with scope, if the injured worker did not move her arm the same outcome would be likely. The injured worker indicated she was reluctant to have surgery at this time. There was no Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder Arthroscopy, Manipulation under anesthesia with 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 - Treatment for Workers 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) Shoulder Chapter, Manipulation under anesthesia (MUA).

**Decision rationale:** The Official Disability Guidelines indicate that manipulation under anesthesia is recommended as an option for adhesive capsulitis. There should be documentation the injured worker's shoulder was refractory to conservative therapy for at least 3 to 6 months and range of motion was significantly restricted to less than 90 degrees. The clinical documentation indicated the injured worker had undergone manipulation under anesthesia twice. The injured worker previously had undergone a lysis of adhesions and debridement on 04/08/2014. There was a lack of documentation to support the necessity for a third procedure. There was a lack of documentation of an exhaustion of conservative care prior to the request. Given the above, the request for left shoulder arthroscopy, manipulation under anesthesia with lysis of adhesions is not medically necessary.

**Physician Assistant:** 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.

**Associated surgical service: 14 Day rental of a polar care unit:** 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.

**Associated surgical service: Post Operative physical sessions x 12 sessions:** 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.