

<b>Case Number:</b>	CM15-0002115		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/10/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old female, who sustained an industrial injury on November 10, 2012. The diagnoses have included cervical spondylosis, disc protrusions and degenerative disc disease (DDD) with radiculitis of arms, right shoulder impingement syndrome, post traumatic acromioclavicular joint arthritis and full thickness rotator cuff tear with repair, left shoulder impingement and post-traumatic arthritis, rotator cuff tendonitis and surgical decompression and repair of labrum tear, possible bilateral carpal tunnel syndrome with tenosynovitis and impingement and chronic musculoligamentous lumbar sprain/strain and facet spondylosis. A progress note dated October 8, 2014 provided the injured worker complains of bilateral shoulder, bilateral wrist and neck pain. She had left shoulder arthroscopy with debridement and decompression August 29, 2014. She reports she has had 6 physical therapy sessions and has increased pain as a result. On December 4, 2014 utilization review non-certified a request for left shoulder manipulation under anesthesia. The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated December 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Manipulation Under Anesthesia:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic) Manipulation under anesthesia (MUA)

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for chronic shoulder pain with decreased range of motion. Treatments have included an extensive shoulder surgery. The decrease in range of motion is significant in terms of impairment. Manipulation under anesthesia (MUA) is under study as an option in adhesive capsulitis and can be considered when there is a failure of conservative treatment. In this case, the claimant has significantly decreased range of motion following surgery and despite completion of 12 physical therapy sessions. She would likely undergo an arthroscopic capsule release otherwise. The request is medically necessary.