

<b>Case Number:</b>	CM15-0002796		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: 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 54-year-old female who reported accumulative injury on 01/29/2014. Her mechanism of injury was accumulative over years of ironing, repetitive movement. Her diagnoses included right shoulder rotator cuff tendinitis with impingement. Her past treatments have included physical therapy, work modification, and pain medication. Her diagnostic studies have included shoulder x-ray. Her surgical history included a right shoulder arthroscopy, subacromial decompression with bursectomy, microtenotomy, and excision of large lipomatous mass performed on 08/26/2014. The progress report dated 11/19/2014 indicated the injured worker had persistent right shoulder pain and limited function. Her physical exam findings included range of motion in the right shoulder as follows: flexion at 70 degrees, abduction at 45 degrees, and internal and external rotation at 20 degrees. Her medications included Ultracet. Her treatment plan included continue with physical therapy, home exercise, pain medication, and a request for right shoulder manipulation under anesthesia. The rationale for the request is to improve the patient's range of motion. The Request for Authorization form was not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Manipulation under Anesthesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Manipulation under Anesthesia

**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 (MUA).

**Decision rationale:** The request for right shoulder manipulation under anesthesia is not medically necessary. The California MTUS/ACOEM Guidelines do not address the request for shoulder manipulation under anesthesia. The Official Disability Guidelines state manipulation under anesthesia for frozen shoulder may be effective, it is an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3 to 6 months where range of motion remains significantly restricted, manipulation under anesthesia may be considered. There is some support for manipulation under anesthesia in adhesive capsulitis, based on consistent positive results from multiple studies, although these studies are not high quality. The documentation submitted for review indicates the injured worker had completed 13 out of 18 approved postoperative physical therapy sessions for the right shoulder. The physician indicated a plan for requesting 6 additional physical therapy sessions. As there is no indication the injured worker had adhesive capsulitis or frozen shoulder, and still had 6 sessions of physical therapy remaining out of the initially authorized 18, the request for right shoulder manipulation under anesthesia is not indicated at this time. The request for right shoulder manipulation under anesthesia is not medically necessary.