

<b>Case Number:</b>	CM15-0191655		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 50 year old male, who sustained an industrial injury on November 26, 2014. The injured worker was diagnosed as having degenerative joint disease of the acromioclavicular joint, impingement syndrome, full thickness tear of the rotator cuff, adhesive capsulitis, status post arthroscopy with anterior acromioplasty, distal clavicle excision, debridement, and rotator cuff repair performed on March 20, 2105. Treatment and diagnostic studies to date has included magnetic resonance imaging of the upper extremity joint, physical therapy, and above noted procedures. In a progress note dated September 14, 2015 the treating physician reports complaints of right shoulder stiffness and decreased range of motion in all planes of motion with pain that was noted to be "unchanged to any significant degree" and also noted that the injured worker's "function is unchanged". Examination performed on September 14, 2015 was revealing for decreased range of motion to the shoulder. The progress note from September 14, 2015 did not indicate the injured worker's numeric pain level as rated on a visual analog scale. The medical records provided contained magnetic resonance imaging report of the right shoulder on February 02, 2015 that was revealing for a small complete supraspinatus tendon tear superimposed on prominent impingement. On September 14, 2015 the treating physician requested right shoulder manipulation under anesthesia for the diagnosis of right shoulder adhesive capsulitis. On September 23, 2015 the Utilization Review denied the request for a right shoulder manipulation under anesthesia.

### 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 (ODG), 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.

**Decision rationale:** The CA MTUS ACOEM guidelines are silent on the issue of manipulation under anesthesia for adhesive capsulitis. Therefore the ODG shoulder chapter was consulted. Manipulation under anesthesia is under study 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. 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. In this case, the worker underwent right shoulder arthroscopy and rotator cuff repair on 3/20/15. The exam from 9/14/15 documents nonspecific stiffness and does not provide range of motion measurements or whether the stiffness is with active or passive motion. There are post op physical therapy note on 8/13/15 documenting abduction to 120 degrees which is greater than the documented pre-op abduction of 90 degrees. The documentation provided does not demonstrate that the injured worker has plateaued or that his motion is less than 90 degrees of abduction. Therefore the request is not medically necessary.