

<b>Case Number:</b>	CM15-0195192		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	11/13/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: California, Oregon, Washington  
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 46 year old female, who sustained an industrial injury on 11-13-2014. The injured worker was being treated for superior glenoid labrum lesion. Treatment to date has included diagnostics, right shoulder surgery 6-10-2015 (arthroscopic repair supraspinatus and subscapularis tear, and open subpectoral biceps tenodesis), physical therapy Utilization Review approved 12 session on 6-26-2015 and 18 sessions for the right shoulder on 8-17-2015, and medications. On 7-28-2015, the injured worker complains of shoulder slowly getting better but still having difficulty sleeping due to pain, also noting pain with physical therapy. Pain was rated 4 out of 10 at rest and 8 out of 10 at times. Medication use included Ultracet, Celebrex, Dilaudid, Ketorolac, and transdermal Scopalamine. She remained off work. X-rays of the right shoulder were documented to show "intact anchors humeral head and Endobutton humeral shaft", along with "adequate subacromial decompression". Physical therapy progress report (8-28-2015) noted subjective complaints of "high pain, severe mobility loss, and loss of function", along with not being able to sleep at night, reporting that her "right hand swells, the skin becomes shiny, and is painful with excessive activity and gravity dependent positions by the end of the day". Right shoulder pain was rated 4 out of 10 at best and 8 of 10 at worst. Current functional activity ratings noted "severe limitation" in functional reaching, "severe limitation" in sleeping, "moderate limitation" in driving, severe limitation in computer, and "unable to perform" recreational exercise. Passive range of motion for the right shoulder noted flexion 145 degrees (128 degrees on 7-28-2015), abduction 130 degrees (105 degrees on 7-29-2015), 45 degrees external rotation (20 degrees on 7-29-2015), and internal rotation 50 degrees (35 degrees

on 7-29-2015). Assessment noted "ROM is far from normal but continues to show slow progress". The total number of physical therapy sessions to date was not certain but was at least 13 visits from 7-02-2015 to 8-28-2015. The treatment plan included right shoulder manipulation under anesthesia and physical therapy (2x6) for the right shoulder, non-certified by Utilization Review on 9-09-2015.

### **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), 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 / Manipulation under Anesthesia.

**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 patient has active and passive flexion and abduction of greater than 90 degrees. Thus the patient does not meet ODG criteria for MUA and the recommendation is for non-certification.

#### **Associated surgical service: Physical therapy 2 x 6 for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**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.

**Decision rationale:** The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary. However, in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.