

<b>Case Number:</b>	CM15-0025605		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Texas, California  
Certification(s)/Specialty: Family Practice

### 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 39 year old female, who sustained an industrial injury on 5/5/11. She reported initial complaints of head, left -side of face, neck/shoulder and stomach. The injured worker was diagnosed as having multilevel cervical degeneration disc disease; cervical radiculopathy; right shoulder pain with referral to neck. Treatment to date has included physical therapy; acupuncture; cervical steroid injection; right shoulder subacromial injection; EMG/NCV upper extremity (3/23/12) that revealed cervical radiculopathy; cervical spine MRI (10/17/13) that revealed degenerative changes; MRI right shoulder (10/31/14); medications. Currently, the PR-2 notes dated 12/9/14 indicate the injured worker complains of continued right shoulder pain despite treatment with medications and a right shoulder injection which gave no significant relief. Physical therapy is noted to exacerbate the pain. Physical examination of the right shoulder revealed tenderness on palpation and limited range of motion. The patient has had positive Apley and Hawkin test. The medication list include naproxen, Tramadol and Omeprazole. A MRI cervical spine 10/17/13 reported multilevel cervical spine disc degeneration and EMG/NCV study 3/23/12 was indicative of positive findings for C5-C6 cervical radiculopathy. The MRI report for right shoulder of 10/31/14 reports calcific tendonitis and minimal degenerative changes in the right acromioclavicular joint and a mildly laterally downsloping orientation of the right acromium with trace fluids in the right subacromial subdeltoid bursa which may represent bursitis. The provider has requested authorization for a Right Shoulder MUA: Arthroscopy w/Arthroscopic Surgery w/Mumford Procedure; Partial Anterlateral Acromioplasty w/Resection of Corocoacromion Ligament; Extensive Debridement Subacromial Bursa; Possible Repair Rotator Cuff; Intrascapular Block under Ultrasound Guidance. The patient had received a right shoulder subacromial injection. The patient had received cervical ESI for this injury. Patient has received an unspecified number of PT and acupuncture visits for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder MUA: Arthroscopy w/Arthroscopic Surgery w/Mumford Procedure; Partial Anterlateral Acromioplasty w/Resection of Coracoacromion Ligament; Extensive Debridement Subacromial Bursa; Possible Repair Rotator Cuff; Intrascalene Block Under US Guide:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 05/04/15) Manipulation under anesthesia (MUA).

**Decision rationale:** Request: Right Shoulder MUA: Arthroscopy w/Arthroscopic Surgery w/Mumford Procedure; Partial Anterlateral Acro. MTUS guideline does not specifically address this issue. Hence ODG used. As per cited guideline "Manipulation under anesthesia (MUA): 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." As per cited guideline, Manipulation under anesthesia (MUA) is under study. Patient has received an unspecified number of PT and acupuncture visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Evidence of the patient being refractory to conservative therapy lasting at least 3-6 months was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for Right Shoulder MUA: Arthroscopy w/Arthroscopic Surgery w/Mumford Procedure; Partial Anterlateral Acro is not medically necessary for this patient.