

<b>Case Number:</b>	CM15-0028260		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Physical Medicine & Rehabilitation

### 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 40 old male, who sustained an industrial injury on 01/24/2013. He reported cervical and lumbar spine pain and shoulder pain. Treatment to date has included MRI, surgery, acupuncture and physical therapy. Currently, the injured worker complains of left medial scapular border pain and a painful left shoulder, especially with repetitive use or over the shoulder use. He continues with anxiety and depression due to not being able to work and his residual ongoing pain. Diagnoses included status post OPA left shoulder, myofasciitis and cervical spine sprain/strain. The provider noted that the injured worker continues to have extensive myofasciitis and trigger points in the left medial scapular musculature that should be addressed more aggressively. The most recent Qualified Medical Examination recommended further rehabilitation and strengthening of his left shoulder and that he return to physical therapy, which was not effective with objective findings remaining the same. The provider noted that the most recent report from another provider recommends manipulation under anesthesia of his shoulder versus further surgical intervention. The provider recommended follow up with another provider in regards to manipulation under anesthesia. He also requested authorization for a pain management consultation. The injured worker was to remain off work until 02/09/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MUA (manipulation under anesthesia) of left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MUA.

**Decision rationale:** The patient presents with LEFT shoulder pain. The request is for MUA (MANIPULATION UNDER ANESTHESIA) OF LEFT SHOULDER. The request for authorization is dated 01/08/15. The patient is status-post LEFT shoulder arthroscopy, 03/20/14. Range of motion of the shoulder, LEFT abduction 170/180, right abduction 170/180, internal and external rotation 80/90, adduction and extension is not limited. He continues with anxiety and depression due to not being able to work and his residual and ongoing pain. He returned to physical therapy, however, the treatment is not effective. His most recent QME report with ■■■ recommended further rehabilitation and strengthening of his LEFT shoulder. The patient is to remain off work. ODG guidelines under its Shoulder chapter states that MUA is under study and may be an option for adhesive capsulitis. "MUA may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition." Per progress report dated, 01/06/15, treater's reason for the request is "the most recent report from ■■■ advises an MUA of his shoulder vs. further surgical intervention. [Patient] continue to have extensive myofasciatis and trigger points in the left medial scapular musculature that should be addressed more aggressively as well." However, review of submitted medical records does not indicate patient with documentation of restricted ROM or adhesive capsulitis. Per QME report dated, 09/19/14, ■■■ documented diagnosis include, "#1 cervical radiculitis #2 postop left shoulder Labral repair #3 cervical strain #4 upper extremity weakness of abduction." The patient does not meet ODG guidelines for a MUA. Therefore, the request IS NOT medically necessary.

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The patient presents with left shoulder pain. The request is for PAIN MANAGEMENT CONSULTATION. The request for authorization is dated 01/08/15. The patient is status-post left shoulder arthroscopy, 03/20/14. He continues with anxiety and depression due to not being able to work and his residual and ongoing pain. He returned to physical therapy, however, the treatment is not effective. His most recent QME report with ■■■ recommended further rehabilitation and strengthening of his left shoulder. The patient is to remain off work. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following:

"The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Treater does not discuss the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a neurological consultation. Given the patient's condition, the request for a consultation appears reasonable. Therefore, the request IS medically necessary.