

<b>Case Number:</b>	CM15-0028336		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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

### 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 53-year-old female, who sustained an industrial injury on 10/26/2012. She has reported left shoulder pain. The diagnoses have included adhesive capsulitis of the left shoulder. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Norco, Naprosyn, and Zofran. Surgical intervention has included a left shoulder capsular release and lysis of adhesions, performed on 08/29/2014. A progress note from the treating physician, dated 01/15/2015, documented a follow-up visit with the injured worker. The injured worker reported continued severe pain in the left shoulder, as well as decreased range of motion. Objective findings included guarding and stiffness of the left shoulder, with decreased range of motion. The treatment plan has included request for a left shoulder manipulation under anesthesia, with 12 post-manipulation physical therapy sessions. On 02/12/2015, Utilization Review noncertified 1 Left shoulder manipulation under anesthesia; and 12 Initial post-operative physical therapy visits for the left shoulder, 3 sessions per week for 4 weeks. The CA MTUS, ACOEM was cited. On 02/12/2015, the injured worker submitted an application for IMR for review of 1 Left shoulder manipulation under anesthesia; and 12 Initial post-operative physical therapy visits for the left shoulder, 3 sessions per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Left 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 ACOEM <https://www.acoempracguides.org/Shoulder; Table 2 , Summary of Recommendations, Shoulder Disorders>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for adhesive capsulitis.

**Decision rationale:** CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the ODG Shoulder section, surgery for adhesive capsulitis, under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. The guidelines recommend an attempt of 3-6 months of conservative therapy prior to contemplation of manipulation and when range of motion remains restricted (abduction less than 90 degrees). In this case, there is insufficient evidence of failure of conservative management in the notes submitted from 1/15/15. Until a conservative course of management has been properly documented, the determination is for non-certification.

## **12 Initial post-operative physical therapy visits for the left shoulder, 3 sessions per week for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- <https://www.acoempracguides.org/Shoulder; Table 2, Summary of Recommendations , Shoulder Disorder>.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.