

<b>Case Number:</b>	CM15-0219482		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 46-year-old female who sustained an industrial injury on 6/23/14. Injury occurred when she tried to grab a door before it closed with onset of right biceps area pain. Past medical history was positive for diabetes and hypertension. The 12/11/14 right shoulder MRI impression documented tendinosis versus partial thickness tear of the distal fibers of the supraspinatus tendon, and moderate acromioclavicular (AC) joint hypertrophic changes. Conservative treatment had included physical therapy, medications, activity modification, and home exercise program. The 7/21/15 treating physician report cited constant right shoulder pain radiating down the arm, and constant right elbow pain with numbness in the last two digits of the hand. Right shoulder exam documented tenderness to palpation over the anterolateral shoulder, limited active and passive range of motion, and equivocal orthopedic testing due to limited range of motion. The diagnosis included severe right shoulder adhesive capsulitis. The treatment plan recommended right shoulder manipulation under anesthesia with 12 post-op physical therapy visits. Records documented that the treating physician had a 2-stage shoulder procedure planned, first a manipulation under anesthesia and then a subacromial decompression and partial claviclectomy. She underwent right shoulder manipulation under anesthesia with corticosteroid injection on 8/10/15. The operative report documented pre-MUA range of motion as flexion 75 and abduction 60 degrees. Range of motion following MUAx was documented as flexion 170 and abduction 160. The 9/29/15 treating physician report indicated that the injured worker had completed 12/12 post-operative physical therapy sessions and was able to move her arm a little better. There was residual pain with overhead lifting and pulling. She felt like the

arm got caught on something and got stuck overhead. Right shoulder exam documented tenderness to palpation over the anterior and posterior shoulder, upper trapezius, and rhomboid. There was increased shoulder catching. Neer and Hawkins' tests were positive. There was pain with flexion, abduction and external rotation. Range of motion testing documented flexion 140, abduction 80, and external rotation 50 degrees. The treating physician indicated that the injured worker had difficulty completing the last physical therapy session due to catching pain. Authorization was requested for 12 additional sessions of physical therapy status post right shoulder manipulation under anesthesia. Authorization was also requested for right shoulder subacromial decompression and 12 visits of post-operative physical therapy. The 10/26/15 utilization review certified the request for right shoulder subacromial decompression and 12 visits of post-op physical therapy. The request for 12 additional physical therapy sessions for the right shoulder status post manipulation under anesthesia was non-certified as the certified physical therapy treatment would address the post manipulation needs as well as the post arthroscopy needs and a separate prescription was considered not necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional physical therapy x12, right shoulder status post MUA (manipulation under anesthesia): Upheld**

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

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of adhesive capsulitis suggest a general course of 24 post-operative physical medicine visits over 14 weeks, during the 6-month post-surgical treatment period. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. This injured worker presents status post right shoulder manipulation under anesthesia (MUA) with initial improvement in range of motion. There is residual right shoulder pain with a new complaint of catching. She had difficulty completing the initial course of post-MUA physical therapy. There are no physical therapy records available to demonstrate functional benefit to therapy. Records suggest that range of motion has not been maintained in the post-MUA period. This injured worker has been certified for additional right shoulder surgery and post-op physical therapy. There is no compelling rationale to support the medical necessity of additional post-MUA therapy at this time. Therefore, this request is not medically necessary.