

<b>Case Number:</b>	CM15-0036940		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 59-year-old male, who sustained an industrial injury on 7/8/13. On 2/26/15, the injured worker submitted an application for IMR for review of Manipulation of right shoulder under anesthesia and follow up visit, Qty: 1.00. The treating provider has reported the injured worker complained of neck, right shoulder and right wrist with moderate pain. The diagnoses have included right shoulder weakness; carpal tunnel syndrome. Exam note 11/6/14 demonstrates right shoulder abduction is 120 degrees. Treatment to date has included status post endoscopic right carpal tunnel release (3/11/14); right shoulder arthroscopic subacromial decompression, removal of extensive scar tissue and partial claviclectomy (5/2/14); Right shoulder MRI (12/26/13); EMG/NCS upper extremity (1/14/14); EMG/NCS (8/22/14); right hand MRI (10/10/14). On 1/26/15 Utilization Review, non-certified Manipulation of right shoulder under anesthesia and follow up visit, Qty: 1.00. The MTUS, ACOEM Guidelines, (or ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation under Anesthesia of the Right Shoulder to be performed outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Manipulation under anesthesia (MUA).

**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 adhesive capsulitis or proper documentation of failed conservative management in the notes submitted from 11/6/14. Until a conservative course of management has been properly documented, the determination is for non-certification.

**Follow-Up Visit with Primary Treating Physician:** 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, Pain, Office visits.

**Decision rationale:** CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the exam note from 11/6/14 does not demonstrate complex diagnosis, failure of non-operative management or objective findings to warrant a specialist referral. Therefore, the determination is for non-certification.