

<b>Case Number:</b>	CM15-0048658		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Orthopedic Surgery, Sports Medicine

### 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 reported an injury on 09/25/2013. The mechanism of injury was a fall. Her diagnoses include postoperative adhesive capsulitis of the right shoulder. Her past treatments for the right shoulder have included an arthroscopic rotator cuff repair and subacromial decompression on 06/30/2014, anti-inflammatory medications, home exercise, and 12 sessions of physical therapy in 01/2015. Her symptoms are noted to include right shoulder pain with radiating symptoms to the right upper extremity and reduce range of motion. Objective findings of the right shoulder include tenderness to palpation in the anterior and lateral aspects, limited active and passive range of motion, and pain with range of motion. Her flexion was noted to be limited to 120 degrees, external rotation to 20 degrees on the right and external rotation to 55 degrees on the left. It was noted that the injured worker had developed postoperative adhesive capsulitis which had been hard to treat and slow to progress with therapy. Therefore, a right shoulder manipulation under anesthesia procedure was recommended to be followed immediately with 24 sessions of postoperative physical therapy, as well as use of a cold therapy unit and Dynasplint for 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation under Anesthesia, Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Shoulder Procedures.

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

**Decision rationale:** The Official Disability Guidelines state manipulation under anesthesia for adhesive capsulitis may be considered in cases that are refractory to conservative therapy for at least 3 months when range of motion is significantly restricted as evidenced by abduction of less than 90 degrees. The clinical information submitted for review indicated that the injured worker had adhesive capsulitis which developed postoperatively in the right shoulder. She was also noted to have significant pain in the right shoulder and limited range of motion. The documentation supports that she has completed physical therapy and medications. It was specifically stated that she had completed 12 sessions of physical therapy in 01/2015 indicating at least 1 month of physical therapy. However, it is not clear whether she has failed at least 3 months of active treatment for the right shoulder. In addition, she was not shown, on the most recent physical examination, to have abduction of less than 90. Therefore, she does not meet the criteria for manipulation under anesthesia. As such, the request is not medically necessary.

**Associated Surgical Services: Physical Therapy, 3 x 8 weeks, for the Right Shoulder:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Services: Dynasplint (rental) 2 months:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Services: Cold Therapy Unit (Purchase):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.