

<b>Case Number:</b>	CM15-0008319		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Preventive Medicine, Occupational 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 52 year old female who sustained an industrial injury on 09/11/13. She reports right shoulder pain and limited mobility. Her diagnosis is not listed. Treatments to date include physical therapy, shoulder surgery, and medications. In a progress note dated 12/30/14 the treating provider noted little improvement with physical therapy. Physical therapy notes document the same. He recommends a right shoulder manipulation under anesthesia, physical therapy, and a continuous passive motion machine for home use. On 01/07/15 Utilization Review non-certified the manipulation under anesthesia, physical therapy, and continuous passive motion machine, citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation Under Anesthesia (MUA) for the right shoulder:** Overturned

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

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

**Decision rationale:** MTUS Guidelines do not address this specific issue. ODG Guidelines address this issue in detail and support MUA when there is adequate evidence of adhesive capsulitis that is not improving. The Guideline standard is abduction limited (active or passive is not delineated) to 90 deg or less. The exam findings note active abduction limitation to 90 deg and passive limited to 110 deg that has not improved over several physical therapy visits. This request is in a "grey zone" per Guidelines, however the consistent physical therapists documentation and treating physicians findings supports the request as consistent with the intent of the Guidelines. The request for Shoulder Manipulation Under Anesthesia Right Shoulder is medically necessary.

**Physical therapy five times a week times two weeks then three times four weeks (total twenty two sessions) of the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-27.

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

**Decision rationale:** MTUS Post Surgical Guidelines recommend that up to 24 post operative sessions are reasonable post procedure for adhesive capsulitis. This would be distinct and separate from the prior therapy for the initial procedure. The request for Physical Therapy 5xs 2weeks and then 3x's 4 weeks (22 sessions) for the right shoulder is supported by Guidelines and is medically necessary.

**Home continuous passive motion (CPM) for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines addresses this issue in detail and recommends 4 weeks post operative use of a CPM machine as adequate for post operative treatment of adhesive capsulitis. There are no unusual circumstances to justify an exception to Guidelines with the request for purchase such a machine. Guidelines would support up to a 1 month rental under these circumstances. The request for Home continuous passive motion (CPM) for purchase is not supported by Guidelines and is not medically necessary.