

<b>Case Number:</b>	CM15-0010968		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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:

The injured worker is a 61 year old male who sustained an industrial injury on 12/4/13. The patient was status post right shoulder arthroscopic debridement of a bucket-handle labral tear, capsular release and manipulation, subacromial decompression, and bursectomy on 7/28/14. The 11/11/14 right shoulder MR arthrogram impression documented supraspinatus and subscapularis tendon fraying, moderately severe biceps tendon tendinosis, and mild labral fraying. The glenohumeral joint space was prominently narrowed. There was a type II acromion without sign anterior or lateral downsloping. There were mild to moderate acromioclavicular (AC) degenerative joint disease with mild joint capsular hypertrophy, loss of articular cartilage, and tiny inferior osteophytes. The 12/9/14 clinical note documented a severe frozen shoulder. Physical exam documented supraspinatus and infraspinatus atrophy, and tenderness over the AC joint subacromial bursa, and in the direction of the rotator cuff. Range of motion was markedly decreased with abduction 30, external rotation 40 and flexion 90. Abduction strength was 4/5. Hawkin's, O'Brien's, and impingement signs were positive. Prior surgery was reported without improvement. On 12/29/14 Utilization Review non-certified the request for a right shoulder arthroscopy with manipulation under anesthesia, lysis of adhesions, capsular release, subacromial decompression, Mumford procedure and repair based on a lack of documented conservative treatment. The Official Disability Guide was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy with manipulation under anesthesia, Lysis of Adhesions, Capsular Release, SAD, Mumford Procedure and Repair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014 Shoulder, Manipulation under Anesthesia

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Shoulder: Surgery for impingement syndrome, Surgery for adhesive capsulitis, Distal clavicle resection

**Decision rationale:** The California MTUS guidelines do not provide surgical criteria for manipulation under anesthesia or surgery for adhesive capsulitis. The Official Disability Guidelines (ODG) state that manipulation under anesthesia is under study as an option for adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered. Guidelines state there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. The California MTUS guidelines recommend subacromial decompression for patient who have significant activity limitations and have failed 3 to 6 months of conservative care, including corticosteroid injection. The ODG indications for acromioplasty include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. This patient presents with significant loss of range of motion. The patient underwent right shoulder surgery on 7/28/14 with improvement in post-operative therapy documented. He reportedly lost range of motion following discontinuation of therapy in early September. No further conservative treatment is detailed. Evidence of up to 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including injection and physical therapy, and failure has not been submitted. Therefore, this request for right shoulder arthroscopy with manipulation under anesthesia, lysis of adhesions, capsular release, subacromial decompression, and Mumford procedure and repair is not medically necessary at this time.