

<b>Case Number:</b>	CM15-0127693		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/31/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Indiana, Oregon  
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 56 year old male with an industrial injury dated 10/31/2014. The injured worker's diagnoses include right shoulder internal impingement and adhesive capsulitis shoulder, right shoulder pain, and localized right hand swelling. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/11/2015, the injured worker presented for follow up evaluation of right shoulder pain. Objective findings revealed pain with active abduction and external rotation, positive Neer's test, and positive Hawkins test. The treating physician prescribed services for right shoulder arthroscopy EUA (examination under anesthesia), MUA (manipulation under anesthesia), diagnostic scope, possible capsular release, possible decompression now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy EUA (examination under anesthesia) , MUA (manipulation under anesthesia), diagnostic scope, possible capsular release, possible decompression:**  
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 (ODG): Shoulder Chapter (Online Version) 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 (ODG) shoulder.

**Decision rationale:** The injured worker is a 56 year old male with an industrial injury dated 10/31/2014. The injured worker's diagnoses include right shoulder internal impingement and adhesive capsulitis shoulder, right shoulder pain, and localized right hand swelling. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/11/2015, the injured worker presented for follow up evaluation of right shoulder pain. Objective findings revealed pain with active abduction and external rotation, positive Neer's test, and positive Hawkins test. The treating physician prescribed services for right shoulder arthroscopy EUA (examination under anesthesia), MUA (manipulation under anesthesia), diagnostic scope, possible capsular release, possible decompression now under review.