

<b>Case Number:</b>	CM15-0090742		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 47 year old male who sustained an industrial injury on 09/20/2010. He reported right shoulder pain. The injured worker was diagnosed as having right shoulder impingement, right shoulder biceps tendinitis, right shoulder superior labrum anterior to posterior tear, and right shoulder glenohumeral joint synovitis and thoracic spine pain. Treatment to date has included arthroscopic glenohumeral joint debridement, physical therapy, and medications. Currently, the injured worker complains of mild pain rated 2/10 and states his pain only increases during physical therapy. He is currently not taking pain medications. Physical therapy is three times weekly with good results. On exam the shoulder is tender to palpation, has well healed portals, and has forward elevation to 165 degrees passive and 160 degrees active with external rotation 35 and internal rotation to L5 but tight. There was a weakness at 4/5 supraspinatus. The treatment plan on 03/12/200515 was for home PT with activity modification and range of motion exercises. The injured worker plateaued in his progress and on 3/13 to 3/23 stayed around 150-155 degrees flexion in the right shoulder. In the month of April, his range of motion flexion was 160 degrees (04/21/2015) with abduction 90 degrees, external rotation 0-50 degrees, and internal rotation SI/L5 (p). His strength was grossly 5-to 5/5, and pain was 0-2/10. The worker was concerned about the shoulder initially feeling tight in the morning. He stated it did progressively warm up as the day progressed. A request for authorization for right shoulder manipulation under anesthesia (MUA) w/corticosteroid injection was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder manipulation under anesthesia (MUA) w/corticosteroid injection:** 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), 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 (Acute & Chronic), Manipulation under anesthesia.

**Decision rationale:** The claimant sustained a work-related injury in September 2010 and underwent a right rotator cuff decompression in December followed by physical therapy. When seen, he was having shoulder stiffness in the morning that would improve during the day. There was minimally decreased range of motion. Authorization for manipulation under anesthesia was requested. Manipulation under anesthesia can be considered in cases that are refractory to conservative therapy lasting at least 3 to 6 months where range-of-motion remains significantly restricted including abduction of less than 90 degrees. In this case, the claimant's abduction is nearly normal and conservative treatments appear to be effective. What is needed is an ongoing home exercise program which could include use of a home pulley system to assist with improving range of motion. The request is not medically necessary.