

<b>Case Number:</b>	CM13-0004762		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 45-year-old female who reported an injury on 10/03/2011 due to cumulative trauma. The patient developed left wrist, elbow, and shoulder pain that were conservatively treated with physical therapy, acupuncture, and medications. The reported injury ultimately resulted in left carpal tunnel release with postoperative physical therapy, left shoulder arthroscopy with postoperative physical therapy, and left lateral epicondyle release with postoperative physical therapy. The patient's most recent clinical evaluation revealed restricted range of motion of the left shoulder with tenderness over the surgical site and tenderness to palpation over the rotator cuff and bicipital groove with restricted range of motion of the left shoulder described as 160 degrees in flexion and 160 degrees in abduction. The patient's diagnoses included status post left shoulder arthroscopic rotator cuff repair on 02/18/2013, status post left elbow lateral forearm extensor release performed on 08/26/2013, status post left carpal release performed on 09/10/2012, and status post left wrist ganglion cyst removal performed on 09/10/2012. The patient's treatment plan included completion of postoperative physical therapy to the left elbow, continuation of medications, and moderate work duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-Operative Testing

**Decision rationale:** The requested Pre-op clearance is not medically necessary or appropriate. The Official Disability Guidelines do not recommend routine preoperative testing. The clinical documentation submitted for review does not provide any evidence of diagnoses that would complicate the patient's low risk ambulatory surgery. Therefore, the need for preoperative clearance is not indicated. As such, the requested Pre-op clearance is not medically necessary or appropriate.

**Cold therapy unit rental x 7 days post-op:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Heat Packs and Cold Packs

**Decision rationale:** The requested Cold therapy unit rental x 7 days post-op is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent lateral epicondyle release. However, the American College of Occupational and Environmental Medicine recommends the application of hot and cold packs for the elbow to relieve discomfort. This is also supported by the Official Disability Guidelines. The use of a cold therapy unit for an elbow injury is not supported by Guideline recommendations. As such, the requested Cold therapy unit rental x 7 days post-op is not medically necessary or appropriate.

**Preoperative DVT sequential boots:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery <http://circ.ahajournals.org/cgi/content/full/116/17/e418>.

**Decision rationale:** The requested Preoperative DVT sequential boots are not medically necessary or appropriate. Peer-reviewed literature does not support the use of DVT prophylaxis for this type of procedure without evidence of significant risk for development of deep vein thrombosis. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for development of deep vein thrombosis perioperatively. Therefore, the need for preoperative DVT sequential boots is not medically necessary or appropriate.

