

<b>Case Number:</b>	CM13-0033188		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/21/2003
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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:

The claimant is a 59-year-old male who was injured in a work related accident on April 21, 2003. A recent clinical record of July 31, 2013 indicates the claimant has failed conservative care in regards to his right shoulder for which a right shoulder arthroscopy, subacromial decompression, Mumford procedure, and rotator cuff repair was recommended. This was supported by a previous MRI of August 6, 2012 that showed inflammatory changes to the shoulder consistent with impingement and partial thickness rotator cuff tearing. At present, there is a preoperative request for need of laboratory testing, preoperative medical clearance and EKG, chest x-ray, and use of a postoperative cryotherapy device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Shoulder- Continuous Flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure.

**Decision rationale:** The medical records provided for review in this case do not give a timeframe for which the device should be utilized. While cryotherapy devices can be recommended following surgical processes of the shoulder, they are only done so in a limited seven day setting according to the Official Disability Guidelines. The lack of documentation of timeframe of use would fail to necessitate the role of this postoperative device at present. The request for a cold therapy unit is not medically necessary and appropriate.

**Pre-op Chest X-Ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back- Preoperative Testing General.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure.

**Decision rationale:** While the medical records provided for review indicate that this claimant is to undergo a shoulder procedure, there is nothing in the records indicating any underlying medical conditions or concerns that would necessitate the role of this preoperative test. The specific request in this case would not be indicated at this time. The request for a pre-op chest x-ray is not medically necessary and appropriate.

**Pre-op EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back- Preoperative Electrocardiogram.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure.

**Decision rationale:** According to the Official Disability Guidelines criteria for preoperative electrocardiograms, they are recommended based on the risk of the surgical procedure. Given the claimant's recommendation for surgical arthroscopy to the shoulder, there are currently no clinical examination findings or documentation of prior comorbidity that would put the claimant at increased cardiac risk for which the role of this test would be necessary. The request for a preoperative EKG is not medically necessary and appropriate.

**Pre-op Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back- Preoperative Testing General.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

**Decision rationale:** Based on the ACOEM Guidelines, a preoperative medical clearance also would not be indicated. The records in this case do not indicate any underlying medical history or comorbidities for which the need for a preoperative medical assessment would be indicated prior to arthroscopic procedure being recommended. The request for a pre-op medical clearance is not medically necessary and appropriate.

**series of pre-op Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP)**

**labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back- Preoperative Lab Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure.

**Decision rationale:** According to the Official Disability Guidelines' criteria, preoperative laboratory testing is recommended in patients who demonstrate preoperative medical history or conditions such as anemia, diabetes, or urological or cardiac history. The records in this case fail to give any indication of an underlying medical history which would necessitate the need for laboratory testing at present. The request for pre-op labs CBC and CMP is not medically necessary and appropriate.