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| <b>Case Number:</b>   | CM13-0038248 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 06/04/2008 |
| <b>Decision Date:</b> | 03/20/2014   | <b>UR Denial Date:</b>       | 09/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2013 |

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 patient is a 45-year-old male who reported an injury on 06/04/2008. The mechanism of injury was noted to be the patient slipped off a ladder and fell approximately 7 feet. The most recent examination revealed the patient had forward elevation to 150 degrees, external rotation to 30 degrees, and internal rotation to L2. The rotator cuff strength was external rotation 5/5, infraspinatus leg test 4-/5, and supraspinatus test 4-/5. Prior treatments included a TENS unit, as well as formal physical therapy. The patient's lift-off test was negative and belly test was negative. The patient's diagnosis was noted to be left shoulder RC tear and impingement. The request was made for a left shoulder arthroscopic RC repair, preoperative labs, postoperative pain medication of Percocet 10/325 mg, and postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) pre-op lab test CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Institute for Clinical Systems Improvement (ICSI), Preoperative Evaluation, Bloomington, MN; 2010 Jun. 40 p.

**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, Preoperative Lab Testing.

**Decision rationale:** The Official Disability Guidelines indicate a complete blood count is appropriate for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. There was lack of documentation indicating the employee had a disease that increased the risk of anemia or that significant perioperative blood loss was anticipated. There was a lack of documentation indicating whether the requested rotator cuff surgery was medically necessary and appropriate. Given the above, the request for 1 preoperative lab test CBC is not medically necessary.

**One (1) pre-op lab test CMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Institute for Clinical Systems Improvement (ICSI), Preoperative Evaluation, Bloomington, MN; 2010 Jun. 40 p.

**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, Preoperative Lab Testing.

**Decision rationale:** The Official Disability Guidelines indicate electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. There was lack of documentation indicating the employee had an underlying chronic disease or was taking medications predisposing the employee to an electrolyte abnormality or renal failure. There was a lack of documentation indicating whether the requested rotator cuff surgery was medically necessary and appropriate. Given the above, the request for 1 preoperative CMP is not medically necessary.

**One (1) pre-op urine analysis:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Institute for Clinical Systems Improvement (ICSI), Preoperative Evaluation, Bloomington, MN; 2010 Jun. 40 p.

**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, Preoperative Lab Testing.

**Decision rationale:** The Official Disability Guidelines indicate a preoperative urinalysis is recommended for patients undergoing an invasive urologic procedure and undergoing implantation of foreign material. There was lack of documentation indicating the employee was undergoing an invasive urologic procedure and an implantation of foreign material. There was a lack of documentation indicating whether the requested rotator cuff surgery was medically

necessary and appropriate. Given the above and the lack of documentation, the request for 1 pre-op urine analysis is not medically necessary.

**Unknown post-op physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,27.

**Decision rationale:** The MTUS postsurgical treatment guidelines indicate a postsurgical treatment for an arthroscopic rotator cuff tear is 24 visits with the initial care being half the recommended number and 12 visits would therefore be supported. However, the request as submitted was for unknown post-op physical therapy visits to an unstated part of the body. There was a lack of documentation indicating whether the requested rotator cuff surgery was medically necessary and appropriate. Given the above, the request for unknown post-op physical therapy visits is not medically necessary.

**Percocet 10/325m:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for Chronic Pain, Page(s): 60.

**Decision rationale:** The MTUS Guidelines indicate opiates are appropriate for the treatment of chronic pain. This medication was noted to be for postoperative use. There was lack of documentation per the submitted request to indicate a quantity of Percocet being requested. There was a lack of documentation indicating whether the requested rotator cuff surgery was medically necessary and appropriate. Given the above, the request for Percocet 10/325 mg is not medically necessary.