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| Case Number: | CM13-0046494 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 08/30/2012 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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, and Pain Management has a subspecialty in Interventional Spine 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 50-year-old male with date of injury of 08/30/2012. The treater's report from 10/23/2013 showed that the patient has persistent left shoulder pain with a motor vehicle accident from 08/30/2012. He has pain in the shoulder, weakness, inability to adduct and perform duties secondary to discomfort. Prior treatments have included: EMG/NCS (Electromyography / Nerve Conduction Studies) which were normal from 11/27/2012, left shoulder arthroscopy with debridement and decompression, left ulnar nerve decompression, 01/04/2013; MRI of the left shoulder, 04/08/2013 showing high-grade supraspinatus tear which has increased from previous MRI; 05/06/2013 nerve conduction studies. The treating physician's listed assessments are: 1. Adhesive capsulitis of his shoulder. 2. Rotator cuff tear, complete. 3. Cubital tunnel syndrome. The request is for repeat left shoulder decompressive surgery and repair of the rotator cuff, preoperative measures including chest x-ray, postoperative treatments including CPM (Continuous Passive Motion) machine for 21-day rental and airplane splint. The request for shoulder arthroscopy decompression was authorized for revision of the left shoulder arthroscopy and revision of ulnar nerve decompression. However, chest x-ray was denied as there was no documentation as to why this is needed. CPM (Continuous Passive Motion) machine for 21-day rental was denied as this was not recommended by guidelines. Airplane splint was also denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 10/09/13), Preoperative Testing, general .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology, www.acr.org.

Decision rationale: This patient presents with persistent left shoulder pain despite surgery, January 2013. Updated MRI showed a complete tear of the supraspinatus and the treater has asked for another surgery and this has been authorized. The request is for chest x-ray which was denied by the utilization reviewer, 11/07/2013. ACOEM and MTUS Guidelines do not address preoperative workup. ODG Guidelines do not have anything on x-rays of the chest for preoperative evaluation. The www.acr.org is consulted for guidance regarding chest x-ray preoperative measure. This guideline states that for routine admission and preoperative chest radiography for asymptomatic history and physical unremarkable, the recommendation was level II. Level I, II, and III is usually not appropriate. Review of the reports does not show that this patient has any cardiac or pulmonary issues and routine chest x-rays for preoperative measures do not appear to be recommended by American College of Radiology. Therefore, Decision for Chest X-Ray is not medically necessary and appropriate.

CPM (Continuous Passive Motion) Machine 21 Day Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (Updated 06/12/13), Continuous Passive Motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , CPM for shoulder.

Decision rationale: The patient is being scheduled for repeat shoulder surgery. The treating physician has asked for CPM (Continuous Passive Motion) machine to be rented for 21 days for his shoulder. MTUS and ACOEM Guidelines do not discuss CPM (Continuous Passive Motion) for the shoulder. However, ODG Guidelines do not recommend use of CPM (Continuous Passive Motion) for the shoulder rotator cuff problems, but this is recommended as an option for adhesive capsulitis. When this is recommended, it is only recommended up to 4 weeks, 5 days per week. In this patient, the patient is undergoing rotator cuff tear repair, and the treater does not describe shoulder adhesive capsulitis. CPM (Continuous Passive Motion) machine does not appear to be indicated. Therefore, Decision for CPM (Continuous Passive Motion) Machine 21 Day Rental is not medically necessary and appropriate.

SPOC airplane splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG , (Shoulder , Post-operative abduction pillow sling updated 06/12/13 and Elbow Splinting , Updated 05/07/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Rotator cuff repair And Splinting In Abduction Versus Rcr Resting The Arm At The Side.

Decision rationale: This patient presents with persistent rotator cuff tear problems despite surgery from January 2013. The treater has asked for a repeat shoulder surgical repair of the torn rotator cuff which has been authorized. The treating physician would like to use SPOC airplane splint for postoperative care. MTUS and ACOEM Guidelines do not discuss splinting for postoperative care. However, ODG Guidelines state, "Rotator cuff repair and splinting in abduction versus rotator cuff repair resting the arm at the side - Watson, 1985, involving 89 patients in total and 63 patients analyzed. No improvement was the only outcome that could be evaluated and no significant difference was found between interventions. Therefore, Decision for SPOC airplane splint is not medically necessary and appropriate.