

<b>Case Number:</b>	CM13-0067882		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/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 injured worker is a 66-year-old male who sustained an injury to his right shoulder on 07/11/12. The mechanism of injury was not documented. It was reported that a prospective request for right shoulder arthroscopy with partial resection of the distal clavicle (Mumford procedure), partial anterolateral acromioplasty with resection of coracoacromion ligament, extensive debridement of the subacromial bursa with interscalene block is pending. There were objective findings of exquisite right shoulder tenderness of the acromioclavicular joint and anterolateral aspect acromion. Active range of motion flexion 75-80 and the abduction 75-80 with signs of adhesive capsulitis. There was severe pain with flexion, adduction and internal rotation/weakness of the external and abductor muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elimination of Preoperative Testing in Ambulatory Surgery Chung, Frances FRCPC; Yuan, Hongbo PhD; Yin, Ling MSc; Vairavanathan, Santhira MBBS; Wong, David T. MD, Section Editor(s): Glass, Peter S. A.

**Decision rationale:** The prospective request for 1 preop EKG test between 11/22/2013 and 2/14/2014 is not medically necessary. There was no additional supporting documentation that would indicate whether the surgical procedure has been approved or non-certified. Giving the absence of confirmation that the surgical procedure is anticipated and has been certified, any postoperative care following the surgical procedure would not be deemed as medically necessary. Given the clinical documentation submitted for review, medical necessity of the prospective request for 1 preop ekg test between 11/22/2013 and 2/14/2014 has not been established.

**Pre-Op, Labs, CBC, Chem, 12, PT, PTT, Hemoglobin A1C:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

**Decision rationale:** The prospective request for 1 preop labs, cbc, chem, 12, pt, ptt, hemoglobin a1c between 11/22/2013 and 2/4/2014 is not medically necessary. There was no additional supporting documentation that would indicate whether the surgical procedure has been approved or non-certified. Giving the absence of confirmation that the surgical procedure is anticipated and has been certified, any postoperative care following the surgical procedure would not be deemed as medically necessary. Given the clinical documentation submitted for review, medical necessity of the prospective request for 1 preop labs, cbc, chem, 12, pt, ptt, hemoglobin a1c between 11/22/2013 and 2/4/2014 has not been established.

**Internal medicine clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

**Decision rationale:** The prospective request for one internal medicine clearance between 11/22/2013 and 2/14/2014 is not medically necessary. There was no additional supporting documentation that would indicate whether the surgical procedure has been approved or not medically necessary. Giving the absence of confirmation that the surgical procedure is anticipated and has been certified, any postoperative care following the surgical procedure would not be deemed as medically necessary. Given the clinical documentation submitted for review, medical necessity of the prospective request for one internal medicine clearance between 11/22/2013 and 2/14/2014 has not been established.

**12 Post op acupuncture sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The prospective request for 12 acupuncture post op acupuncture sessions between 11/22/2013 and 2/4/2014 is not medically necessary. There was no additional supporting documentation that would indicate whether the surgical procedure has been approved or not medically necessary. Giving the absence of confirmation that the surgical procedure is anticipated and has been certified, any postoperative care following the surgical procedure would not be deemed as medically necessary. Given the clinical documentation submitted for review, medical necessity of the prospective request for 12 acupuncture post op acupuncture sessions between 11/22/2013 and 2/4/2014 has not been established.

**IFC Unit with supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

**Decision rationale:** The prospective request for 1 ifc unit with supplies between 11/22/2013 and 2/4/2014 is not medically necessary. There was no additional supporting documentation that would indicate whether the surgical procedure has been approved or non-certified. Giving the absence of confirmation that the surgical procedure is anticipated and has been certified, any postoperative care following the surgical procedure would not be deemed as medically necessary. Given the clinical documentation submitted for review, medical necessity of the prospective request for 1 ifc unit with supplies between 11/22/2013 and 2/4/2014 has not been established.

**TENS unit with supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

**Decision rationale:** The prospective request for 1 tens unit with supplies between 11/22/2013 and 2/4/2014 is not medically necessary. There was no additional supporting documentation that would indicate whether the surgical procedure has been approved or non-certified. Giving the absence of confirmation that the surgical procedure is anticipated and has been certified, any postoperative care following the surgical procedure would not be deemed as medically necessary. Given the clinical documentation submitted for review, medical necessity of the

prospective request for 1 tens unit with supplies between 11/22/2013 and 2/4/2014 has not been established.

**Micro Cool 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 (ODG) Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-flow cryotherapy.

**Decision rationale:** The prospective request for 1 micro cool unit between 11/22/2014 and 2/4/2014 is not medically necessary. There was no additional supporting documentation that would indicate whether the surgical procedure has been approved or non-certified. Giving the absence of confirmation that the surgical procedure is anticipated and has been certified, any postoperative care following the surgical procedure would not be deemed as medically necessary. Given the clinical documentation submitted for review, medical necessity of the prospective request for 1 micro cool unit between 11/22/2014 and 2/4/2014 has not been established.

**DVT compression pump with sleeves: 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) Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Compression garments.

**Decision rationale:** The perspective request for one 1 dvt compression pump with sleeves is not medically necessary. There was no additional supporting documentation that would indicate whether the surgical procedure has been approved or not medically necessary. Giving the absence of confirmation that the surgical procedure is anticipated and has been certified, any postoperative care following the surgical procedure would not be deemed as medically necessary. Given the clinical documentation submitted for review, medical necessity of the request for 1 dvt compression pump with sleeves has not been established.

**Pre-Op Pulmonary Function Test (PFT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503.

**Decision rationale:** Given that no information was submitted confirming an operative procedure, the additional request for a pre-operative PFT is rendered not medically necessary.