

Case Number:	CM13-0070022		
Date Assigned:	01/03/2014	Date of Injury:	03/06/2012
Decision Date:	07/03/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 67-year-old male who sustained an injury to his left shoulder on 03/06/12. The mechanism of injury was not documented. Treatment to date has included physical therapy, approximately 15-20 visits and management with medications. MRI of the left shoulder dated 06/26/13 revealed a 15 x 12 mm insertional tear. Physical examination noted limited range of motion in the left shoulder with induction at 10 active, 45 passive. Current medications included Omeprazole, Ibuprofen and Motrin. The records indicate the injured worker is currently working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE CHEST X-RAY AND 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 (ODG), Low Back Chapter, 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 (ODG) LOW BACK CHAPTER, PREOPERATIVE TESTING, GENERAL.

Decision rationale: These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Given the clinical documentation submitted for review, medical necessity of the request for preoperative chest x-ray and labs has not been established. The request for Preoperative Chest X-Ray and Labs is not medically necessary.

THE TWO-WEEK POSTOPERATIVE RENTAL OF A COOLING 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, 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 (ODG) SHOULDER CHAPTER, CONTINUOUS-FLOW CRYOTHERAPY.

Decision rationale: Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare, but can be devastating. Given the clinical documentation submitted for review, medical necessity of the request for two-week postoperative rental of a cooling unit has not been established. The request for Two-Week Postoperative Rental of a Cooling Unit is not medically necessary.

A TWO WEEK POSTOPERATIVE RENTAL OF A SURGI STIM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Post Operative Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) Page(s): 114-116.

Decision rationale: The CAMTUS states that while Transcutaneous Electrical Nerve Stimulation (TENS) may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given the clinical documentation submitted for review, medical necessity of the request for a two week postoperative rental of a surgi stim has not been

established. The request for a Two Week Postoperative Rental of a Surgi Stim is not medically necessary.