

Case Number:	CM14-0009512		
Date Assigned:	02/14/2014	Date of Injury:	10/12/2013
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 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:

This 41 year old male construction worker sustained an industrial injury on 10/12/13. The injury occurred when he fell off a scaffold approximately 4 feet and landed on his right shoulder, resulting in an anterior inferior dislocation of the right humeral head. The shoulder was successfully reduced in the emergency room. Past medical history was positive for diabetes and body mass index of 26.6. The 11/20/13 right shoulder MRI and arthrogram conclusion documented mild Bankart lesion, Hill-Sach deformity with underlying bone marrow edema in the posterolateral humeral head, small full thickness supraspinatus tear, tendinopathy, and partial tearing of the subscapularis tendon. The 1/8/14 treating physician report cited subjective complaints of persistent moderate right shoulder pain, weakness, catching/locking, and popping/clicking. Physical exam findings documented moderate to marked loss of shoulder range of motion with pain, positive impingement sign, positive arc of pain, positive shrug sign, and greater tuberosity tenderness. The treatment plan recommended right shoulder arthroscopy with rotator cuff repair and debridement of labrum versus Bankart repair. The 1/14/14 utilization review certified the request for shoulder arthroscopy, pre-operative lab studies, and surgical assistant. Requests for pre-ops EKG, OPS compression shoulder sleeve, and pre-operative clearance with history and physical were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul, 33 p. [37 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Advisory for Preanesthesia Evaluation: An Updated Report by The American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

Decision rationale: Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Overweight diabetic males in their 40s have known increased cardiovascular risk factors to support the medical necessity of a pre-procedure EKG. Therefore, the request for a pre-operative EKG is medically necessary.

OPS COMPRESSION SHOULDER SLEEVE: Overturned

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

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

Decision rationale: This item is for cold compression therapy. The Official Disability Guidelines do not recommend cold compression therapy in the shoulder but state that continuous-flow cryotherapy is an option for up to 7 days. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. Therefore, this request for an OPS compression shoulder sleeve is medically necessary

PRE-OP CLEARANCE WITH HISTORY AND PHYSICAL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) Preoperative evaluation.

Decision rationale: Under consideration is a request for pre-operative clearance with history and physical. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. The use of pre-operative clearance is reasonable in this case. The request for a pre-operative clearance with history and physical is medically necessary.

