

Case Number:	CM14-0019344		
Date Assigned:	04/21/2014	Date of Injury:	08/29/2012
Decision Date:	07/02/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/14/2014

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:

The patient is a 58 year old machinist with industrial injury that took place on 8/29/12. An exam note dated 12/16/13 demonstrates that the claimant is status post right shoulder arthroscopic acromioplasty and mini open rotator cuff repair and biceps tenodesis on 3/3/13. There was a report of left shoulder pain. An exam from 12/16/13 demonstrates pain and weakness with abduction strength testing. The patient is status post cortisone injection into subacromial space. An MRI left shoulder from 11/5/13 demonstrates high grade partial thickness tear of the supraspinatus tendon. A request approved 2/13/14 by prior review for left shoulder arthroscopy with acromioplasty and possible rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE CBC/CHEM PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS is silent on the issue of preoperative CBC/chem panel. The Official Disability Guidelines were utilized. In this claimant there is no indication of

risk factors such as diabetes, chronic kidney disease, or anemia to warrant preoperative lab testing. As such, the request is not medically necessary.

PRE-OPERATIVE EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS/ACOEM is silent on the issue of preoperative EKG. The Official Disability Guidelines criteria states that EKG is indicated for patients undergoing high risk and intermediate risk with additional risk factors. In this case there are no cardiovascular risk factors present in this 58 year old male to warrant medical necessity for EKG. As such, the request is not medically necessary.

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204.

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

Decision rationale: The California MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the Official Disability Guidelines criteria, upwards of seven days is recommended for postoperative use. In this case no specific time period is requested. As such, the request is not medically necessary.