

Case Number:	CM14-0139818		
Date Assigned:	09/08/2014	Date of Injury:	02/28/2003
Decision Date:	11/07/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/28/2014

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:

47-year-old male claimant with an industrial injury dated 02/28/03. The patient underwent left shoulder surgery in April 2005, January 2009, and August 2010. He also underwent conservative treatments such as postoperative physical therapy, and medications. X-rays of the left shoulder dated 01/27/14 demonstrate postsurgical changes with questionable Hill-Sachs deformity. However, there was no acute fracture, dislocation, or subluxation of the visualized osseous structures, and the joint spaces were preserved. Exam note 05/21/14 states the patient returns with severe left shoulder pain that is restricting the left upper extremity. CT scan 4/2/14 demonstrates there are postoperative changes present with multiple metal foci within the anterior, superior humeral head suggesting a prior rotator cuff repair. Exam note 07/28/14 states the patient is status post 5 left shoulder operations in regards to the tearing of the glenohumeral ligament, and rotator cuff. The patient reports ongoing pain and stiffness of the left shoulder. Upon physical exam the patient had a forward flexion of 80' with minimal internal and external rotation. Current medications include Dilaudid, Gabapentin, Prilosec, Ultram, and Lidoderm patches. Treatment includes a total joint replacement of the left shoulder, a continuation of medication, a postoperative shoulder sling with abduction pillow, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op consult with internal medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States those patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 47 years old and does not have any evidence in the cited records from 5/21/14 of significant medical comorbidities to support a need for preoperative clearance. Therefore this request is not medically necessary.

Post-op rental: thermacooler x 4 weeks: Upheld

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request exceeds the guideline recommendation. Therefore this request is not medically necessary.

Post-op physical therapy 2 x 45 to left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks and Postsurgical physical medicine treatment period: 6 months. Therefore the request is not medically necessary.