

Case Number:	CM14-0154552		
Date Assigned:	09/24/2014	Date of Injury:	10/17/2013
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/22/2014

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 and is licensed to practice in New York. 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 38-year-old male the date of injury October 17, 2013. The patient has chronic right shoulder pain. MRI the right shoulder shows supraspinatus, infraspinatus and subscapularis tendinopathy. Her intermediate grade tears involving the rotator cuff. There is AC (Acromioclavicular) joint arthritis. Physical examination shows positive impingement. This positive Hawkins and Neer test. Rotator cuff motion and shoulder motion is within normal limits. Motor strength is 5 of 5 and normal. Patient has been treated with physical therapy modified duties and non-steroidal anti-inflammatory medicine. At issue is whether shoulder surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative PCP: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: 1. MTUS Consultation Services 2. Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery: the Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac

Surgery of the European Society of Cardiology (ESC) and endorsed by the European Society of Anesthesiology (ESA), Eur J Anaesthesiol. 2010. 3. Assess

Decision rationale: Guidelines do not support the use of preoperative clearance in relatively healthy 38-year-old patient applied to shoulder surgery. The medical records do not document that the patient has any significant risk factors for surgery. There are no established cardiac or pulmonary risks factors. The patient is relatively healthy and does not require preoperative evaluation based on the medical records. Therefore, the request for Pre-Operative PCP is not medically necessary and appropriate.

Post-Operative Physical Therapy # 16: 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 shoulder pain chapter

Decision rationale: Guidelines support the use of physical therapy after shoulder surgery. 16 visits postoperatively are supported by guidelines if the shoulder surgery involving the rotator cuff. Therefore, the request of Post-Operative Physical Therapy # 16 is medically necessary and appropriate.

Post-Operative CPM (Continuous Passive Motion) Machine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder chapter

Decision rationale: CPM has not been clearly established in the shoulder literature to improve outcomes after shoulder surgery. His use remains controversial after shoulder surgery. Therefore, CPM use after shoulder surgery is not medically indicated. The literature does not clearly establish better outcomes with CPM use over conventional physical therapy. Therefore, the request of Post-Operative CPM (Continuous Passive Motion) Machine is not medically necessary and appropriate.

Post-Operative Cold Therapy: 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) Treatment in Workers' Compensation, 18th Edition, 2013 updates, Shoulder chapter, Continuous flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG, Shoulder chapter

Decision rationale: Guidelines do not support the use of cold therapy after shoulder surgery. The literature does not establish that cold therapy is more effective than conventional ice packs after surgery. Cold therapy has not been shown in the literature to improve outcomes in the long-term. Therefore, the post-Operative Cold therapy is not medically necessary.