

<b>Case Number:</b>	CM14-0157446		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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:

59 year old female claimant with an industrial injury dated 07/27/12. The patient is status post 6 physical therapy sessions as of 03/18/14 in which resulting in no benefit. Other conservative treatments have included heat, electrical stimulation, and range of motion exercise without benefit. Current medications include Norco and Dendracin. Exam note 07/24/14 states the patient returns with cervical pain. Upon physical exam the patient had trigger points in the bursa with a flare up in the right shoulder. The patient demonstrates a limited range of motion with pain. Diagnosis is noted as a right shoulder full rotator cuff tear, C5-C6 with radiation to the right shoulder, and thoracic spine kyphosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op PT (Prothrombin time) and PTT (Partial thromboplastin time):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.guideline.gov/comtent.aspx?id=38289>

**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 PT and PTT. Alternative guidelines were therefore referenced.<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that a patient 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 59 years old and does not have any evidence in the cited records from 7/24/14 of bleeding abnormalities to warrant PT and PTT. Therefore determination is for non-certification.

**Pain pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder (updated 08/27/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, postoperative pain pumps,

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder pain pumps. Per the Official Disability Guidelines, Online edition, Shoulder Chapter, regarding postoperative pain pumps, "Not recommended. Three recent moderate quality RCTs (Randomized Controlled Trials) did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed, randomized, controlled studies with small populations. " In addition there is concerns regarding chondrolysis in the peer reviewed literature with pain pumps in the shoulder postoperatively. As the guidelines and peer reviewed literature does not recommend pain pumps, the determination is for non-certification.

**Pre-op pregnancy test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/comtent.aspx?id=38289>

**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 pregnancy test. Alternative guidelines were therefore referenced.<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that 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 59 years old and is beyond childbearing age. Therefore determination is for non-certification.