

<b>Case Number:</b>	CM14-0159291		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Orthopaedic 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 53-year-old female dental assistant sustained an industrial injury on 1/15/13 relative to work activities. Past medical history was positive for hypertension, anemia, and long-term non-steroidal anti-inflammatory drug (NSAID) use. The 9/25/13 left shoulder MRI conclusion documented acromioclavicular osteoarthritis, supraspinatus and infraspinatus tendinitis, and bicipital tenosynovitis. The 8/26/14 treating physician report cited subjective complaints of constant left shoulder pain with restricted mobility. Physical exam documented height 5'1" and weight 160 pounds. There was tenderness to palpation over the left lateral and anterior shoulder and left trapezius. There was painful and limited range of motion with flexion maneuvers. Neer's, Hawkins's, and Jobe's tests was positive. The diagnosis was left shoulder bicipital tenosynovitis, bursitis and impingement. The patient had failed an appropriate amount of conservative treatment, including medication, activity modification, acupuncture, physical therapy, and home exercise program without significant improvement. Authorization was requested for left shoulder arthroscopy, subacromial decompression, and possible rotator cuff repair. Additional requests included 12 sessions of post-op physical therapy, cold therapy unit for 10 days, a sling, and pre-operative labs. A 9/10/14 request for additional information requested that the pre-operative labs be specified. The 9/13/14 utilization review modified the request for a cold therapy unit for 10 days use to 7 days consistent with guidelines. Pre-operative labs were denied as there were no indications for the treatment requested which were documented to include complete metabolic panel with estimated glomerular filtration rate, complete blood count with differential, prothrombin time with international normalized ration, partial thromboplastin, thyroid stimulating hormone and urinalysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit for 10 days:** 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), Shoulder (Acute and Chronic), 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:** The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following shoulder surgery. The 9/1314 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request of Cold therapy unit for 10 days is not medically necessary and appropriate.

**Preoperative labs:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care, Preoperative tests: The Use of Routine Preoperative Tests for Elective Surgery; National Institute for Clinical Excellence (NICE); 2003 Jun. 108p. Medical Services Commission, Thyroid Function Tests: Diagnosis and Monitoring of Thyroid Function Disorders in Adults, British Columbia Medical Services Commission; 2010 Jan 1. 6p. Institute for Clinical Systems Improvement (ICSI), Preoperative Evaluation, 2006 Jul. 33p. Evidence-Based Patient Safety Advisory: Patient S

**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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. The treating physician clarified that this request was for complete metabolic panel with estimated glomerular filtration rate, complete blood count with differential, prothrombin time with international normalized ration, partial thromboplastin, thyroid stimulating hormone and urinalysis. Guideline criteria have been met. Middle-aged obese females have known occult increased medical/cardiac risk factors. The requested laboratory

studies are appropriate given the long-term use of non-steroidal anti-inflammatory medication, hypertension, and history of anemia. Therefore, this request of Preoperative labs is medically necessary and appropriate.