

<b>Case Number:</b>	CM14-0167310		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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:

This is a 49-year-old female with a 10/25/13 date of injury, when she sustained an injury to the right shoulder. The patient was seen on 8/26/14 for the follow up visit. Exam findings of the right shoulder revealed loss of range of motion secondary to pain, positive impingement test, positive Neer's test, positive Hawkin's test and positive Apley's test and positive arch sign. There was tenderness over the superior lateral aspect of the shoulder in rotator cuff and bursal extension. The UR decision dated 10/01/14 certified right shoulder subacromial decompression surgery for the patient. The diagnosis is right shoulder strain, right shoulder bursitis and tendonitis, partial thickness tear of the rotator cuff and right shoulder impingement syndrome. Treatment to date: cortisone injection, work restrictions, mediations and physical therapy. An adverse determination was received on 10/1/14. The request for Pre -operative lab PFT, Home exercise kit, TENS unit and compression stockings was denied given that medical necessity was not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre -operative lab PFT:** 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 ( Acute & Chronic) Procedure Summary- Pre-operative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing; ODG Pulmonary Chapter ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

**Decision rationale:** CA MTUS does not address the issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. In addition, ODG states that pulmonary function testing is recommended and separated into simple spirometry and complete pulmonary function testing, recommended in asthma. In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. The UR decision dated 10/1/14 certified the request for pre-operative clearance with CBC, UA, PTT, PT, Chem 12, Chest X-rays and EKG. However, it is not clear why the patient needed PFT clearance. There is a lack of documentation indicating that the patient suffered from asthma or lung disease. Therefore, the request for Pre -operative lab PFT is not medically necessary.

**Home exercise kit:** 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 Official Disability Guidelines (ODG) Knee Chapter: Durable Medical Equipment; Shoulder Chapter, Home exercise kit

**Decision rationale:** CA MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. ODG states that exercise equipment is considered not primarily medical in nature, and that DME can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. The UR decision dated 10/1/14 certified the request for the right shoulder surgery and 2x6 post-op sessions of PT for the patient. The progress notes indicated that the patient had PT in the past and that she was performing home exercise program. In addition, ODG states that home exercise kits are recommended where active self-directed home physical therapy is recommended. In this RCT a specific shoulder home exercise program resulted in 69% good outcomes versus 24% in the sham exercise group,

and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. The patient will be attending the post-op PT sessions and will be taught how to utilize the home exercise kit. This will help the patient to transition into an independent home exercise program. Therefore, the request for Home exercise kit is medically necessary.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

**Decision rationale:** CA MTUS states that TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. However, transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. TENS units were shown to be of lesser effect, or not at all, for other orthopedic surgical procedures. However, there is a lack of rationale with clearly specified goals from treatment with a TENS unit. In addition, the guidelines state that treatment with TENS unit does not provide significant improvement after orthopedic surgical procedures. Therefore, the request for TENS unit is not medically necessary.

**Compression stockings:** 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 ( Acute & Chronic) Procedure Summary- Compression stockings

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee and Leg Chapter, Compression garments) and Shoulder Chapter: Compression garments

**Decision rationale:** CA MTUS does not specifically address the issue. ODG states that compression garments are recommended and are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT); and at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. In addition, ODG states that compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. The patient was approved for the right shoulder surgery, however there is a lack of documentation indicating that the patient was at risk for DVT. Therefore, the requests for compression garments are not medically necessary.