

Case Number:	CM14-0171212		
Date Assigned:	10/23/2014	Date of Injury:	06/18/2013
Decision Date:	12/31/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/16/2014

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 Minnesota. 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 injured her right shoulder on 06/18/2013. The injury was described as happening during her usual work duties. She complained of pain and limitation of motion. She was treated conservatively with NSAIDs and Physical Therapy. Acupuncture was noted to be unsuccessful. The injured worker was examined by an orthopedic surgeon on 07/16/2014 . Examination noted decreased range of motion, positive Hawkins and Neer signs. The diagnosis was right shoulder tendinitis, and impingement syndrome. Treatment plan was physical therapy, corticosteroid injections and possibly surgery. Per injured worker she previously had an adverse reaction to a corticosteroid injection. Upon failure of conservative treatment which included 3 months (12 visits) of physical therapy and non-steroidal surgery was advised. MRI scan revealed supraspinatus tendinitis, type II acromion and subacromial bursitis. There was no rotator cuff tear. Utilization Review certified the right shoulder arthroscopy, subacromial decompression, resection distal clavicle, synovectomy and post-operative PT 2x4 to the right shoulder. The following were non-certified: pre-op clearance, DME cold therapy unit x 7 day rental and DVT prophylaxis x 7 days were not medically necessary. MTUS and ODG guidelines were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op clearance: 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 Official Disability Guidelines (ODG) Section: Low Back, Topic: Pre-operative testing, general

Decision rationale: California MTUS does not address pre-operative medical clearance. ODG guidelines recommend pre-operative testing and medical clearance in the presence of co-morbidities. Routine medical clearance is not recommended. The documentation does not indicate the presence of co-morbidities. The procedure is a low risk out-patient surgical procedure. The treating provider can perform the necessary history and physical examination. The medical necessity for pre-operative clearance is not established per guidelines.

DME: cold therapy unit x7 days rental: 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) Section: Shoulder, Topic: Continuous flow cryotherapy.

Decision rationale: California MTUS does not address post-operative continuous flow cryotherapy. ODG guidelines recommend continuous flow cryotherapy as an option for 7 days after shoulder surgery. It reduces swelling and inflammation and reduces the need for narcotics. The request for 7 days rental is consistent with guidelines and was medically necessary.

DVT prophylactic x7 days rental: 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 Official Disability Guidelines (ODG) Section: Shoulder, Topic: Venous thrombosis.

Decision rationale: California MTUS does not address this issue in shoulder surgery. Per ODG guidelines deep vein thrombosis is rare after shoulder arthroscopy and as such DVT prophylaxis is not recommended. However, it is recommended after more invasive procedures such as a total shoulder arthroplasty. Therefore the request for 7 days rental of a DVT prophylactic device was not medically necessary per guidelines.