

<b>Case Number:</b>	CM14-0184186		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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:

56 year old male claimant with an industrial injury dated 04/15/13. The patient is status post a right shoulder rotator cuff surgery dated 06/23/14. MRI of the left shoulder dated 09/26/14 reveals a full thickness tear of the supraspinatus tendon with a calcium deposit in the infraspinatus tendon. The MRI also reveals tendinitis surrounding the subscapularis and biceps, and degeneration tearing of the labrum. The patient has moderate to severe acromioclavicular joint arthrosis and subacromial bursitis. Flexion was noted as 160', and abduction was 150'. Exam note 10/27/14 states the patient returns with neck and shoulder pain. The patient explains that reaching overhead increases the pain and that he over compensates for the left shoulder pain in which is now affecting the right shoulder. Treatment includes a left shoulder arthroscopy, debridement of calcific tendonitis, subacromial decompression, positive rotator cuff repair, possible SLAP, possible open biceps tenodesis, excision distal clavicle, and post-op physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Post-operative ice machine:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case there is no specification of length of time requested post-operatively for the cryotherapy unit. Therefore the determination is not medically necessary.

**Pre-operative labs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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 labs. Alternative guidelines were therefore referenced. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States those 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 56 years old and does not have any evidence in the cited records from 10/27/14 of significant medical comorbidities to support a need for preoperative labs other than a CBC. Therefore determination is for not medically necessary.