

Case Number:	CM14-0026947		
Date Assigned:	06/13/2014	Date of Injury:	04/28/2013
Decision Date:	08/04/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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, has a subspecialty in Shoulder and Elbow 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:

The injured worker is a 49-year-old male who reported injury on 04/28/2013. The mechanism of injury was the injured worker was lifting a tower hatch when he felt a sharp pain. The documentation indicated that there was a certification for a left shoulder manipulation under anesthesia versus arthroscopic capsular release, complete blood count (CBC), chemistry 24, partial thromboplastin time (PTT), and an electrocardiogram (EKG), as well as Norco 5/325mg. The injured worker had previously undergone a left shoulder arthroscopic repair of a large rotator cuff tendon tear, biceps tenodesis, subacromial bursectomy and lysis of adhesions as well as a removal of loose body and debridement of the glenohumeral joint on 07/22/2013. The injured worker underwent an MRI of the left shoulder on 01/04/2014, which revealed that there was no fracture or contusion. There were acromioclavicular (AC) joint degenerative changes. Additionally, it indicated there may be mild supraspinatus tendinosis, but no definite full thickness tear. There was no large fluid collection in the subacromial/subdeltoid bursa. The labrum was not well visualized due to the lack of an effusion. There is no fracture or dislocation. The documentation of 02/04/2014 revealed a request for a left shoulder manipulation under anesthesia versus arthroscopy capsular release, preoperative labs, postoperative use of a cold unit for 10 days, continuous passive motion (CPM) machine for seven (7) days, Dyna splint for two (2) months and a course of postoperative physical therapy. The diagnoses included left supraspinatus full thickness tear per an MRI 05/02/2013, left shoulder status post arthroscopic repair of large rotator cuff tendon tear, biceps tenodesis, subacromial bursectomy and lysis of adhesions, removal loose body and debridement of the glenohumeral joint 07/22/2013, left shoulder acromioclavicular degenerative change per an MRI on 01/04/2014 and postoperative left shoulder adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative labs QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mitchell S. King, M.D., Preoperative Evaluation, Northwestern University Medical School, Chicago, Illinois, Am Fam Physician, 2000 July15; 62(2): 387-396.

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 Chapter, Preoperative lab testing.

Decision rationale: The Official Disability Guidelines indicate that electrolyte and creatinine testing should be performed in injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. A complete blood count is indicated for injured worker's with diseases that increase the risk of anemia or injured worker's in whom significant perioperative blood loss is anticipated and coagulation studies are reserved for injured worker's with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. The clinical documentation submitted for review failed to provide a documented rationale for the requested services. Given the above, the request is not medically necessary.

Cold Therapy Unit Rental (Days) QTY: 10.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, Shoulder section, 2013, 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 Chapter, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery for up to seven (7) days including home use. The request for ten (10) days would be excessive. Given the above, the request is not medically necessary.

Continuous passive motion rental (days) QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, Shoulder, 2013, Continuous passive motion (CPM).

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 passive motion (CPM).

Decision rationale: The Official Disability Guidelines do not recommend continuous passive motion except for adhesive capsulitis. Then it is recommended for up to four (4) weeks at five (5) days per week. The clinical documentation submitted for review indicated the injured worker had adhesive capsulitis. The request as submitted was for one (1) day. This request would be supported. Given the above, the request is medically necessary.

Dynasplint rental (days) QTY: 60.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th Edition, 2014, Shoulder, Dynasplint system.

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, Dynasplint system.

Decision rationale: The Official Disability Guidelines recommend the Dyna splint system for home use as an option for adhesive capsulitis. The clinical documentation submitted for review indicated the injured worker had been approved for surgery for adhesive capsulitis. Given the above, the request is medically necessary.

Postoperative labs to include: complete blood count (CBC), chemistry 7, prothrombin time (PT), and partial thromboplastin time (PTT) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 2-3, and 17.

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 Chapter, Preoperative lab testing.

Decision rationale: The Official Disability Guidelines preoperative lab testing guidelines indicate that electrolyte and creatinine testing should be performed in injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. A complete blood count is indicated for injured worker's with diseases that increase the risk of anemia or injured worker's in whom significant perioperative blood loss is anticipated and coagulation studies are reserved for injured worker's with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. The clinical documentation submitted for review failed to provide a documented rationale for the requested services. Given the above, the request is not medically necessary.