

Case Number:	CM14-0069262		
Date Assigned:	07/14/2014	Date of Injury:	06/27/2012
Decision Date:	08/18/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/14/2014

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:

The patient is a 44 year-old female with an industrial injury date of 6/27/2012. She underwent right shoulder arthroscopy on 2/26/2013. She was treated postoperatively with PT. She did not improve with surgery. The patient had an orthopedic consultation on 4/07/2014 for persistent right shoulder complaints. ROS is negative. Based on MRI findings, history and examination findings, she was diagnosed with 1. Right shoulder rotator cuff impingement, rotator cuff tear, and AC joint arthrosis 2. Status post right shoulder, bursectomy, and biceps tenotomy/tenodesis. Recommendation was for arthroscopic acromioplasty, Mumford, possible rotator cuff repair. According to the 4/18/2014 UR determination, the patient is certified to undergo right shoulder acromioplasty, Mumford, with possible rotator cuff repair, 12 post op PT sessions, and immobilizer. Also partial certification for modification was provided to allow pre-op labs to include CBC and BMP, cold therapy unit purchase x 7 day use. According to the 05/21/2014 PTP progress report, the patient has significant right shoulder pain, but she is not taking much medication. She exercises regularly. Current medications are Motrin 800 and Ultracet 37.5/325. On examination, she can abduct the shoulder to about 120 and then experiences pain. Diagnosis is right shoulder pain, s/p arthroscopic repair on 02/26/2013. MR arthrogram of right shoulder showed findings consistent with the full thickness tear of the supraspinatus tendon, 11/14/2013. She was prescribed Norco for postop care, and surgery scheduled. TTD status is continued. On 6/11/2014, Norco #120 was authorized. According to the records, she was scheduled to undergo surgery on 7/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op labs to include CBC and BMP: 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).

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, Preoperative testing, general.

Decision rationale: According to the guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations 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. Based on the patient's history of injury, persistent symptoms with positive imaging and physical examination findings, she is a candidate for the right shoulder surgery. The medical records document negative review of systems, including no cardiac, kidney, or diabetes. The standard lab testing of urinalysis and blood work with CBC and BMP are reasonable and appropriate for pre-operative screening. However, AIC is not indicated as there is no documented medical history or subjective report to indicate diabetes.

Cold therapy unit purchase x 7 days use: 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 procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy.

Decision rationale: The California MTUS/ACOEM states patients' at-home applications of heat or cold packs maybe used before or after exercises. The Official Disability Guidelines recommend, in the initial post-surgical setting, up to 7 day rental of a continous flow cryotherapy device. The patient is recommended to undergo right shoulder arthroscopy. In accordance with the guidelines, rental for use of up to 7 days of a CTU is appropriate. The medical records do not provide a rationale for purchase or extended access of this device beyond guidelines recommendations. A standard ice/cold pack may be utilized if desired.