

Case Number:	CM14-0073903		
Date Assigned:	07/18/2014	Date of Injury:	11/16/2011
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 medical records submitted for my review only includes UR report dated 04/30/2014. As per the UR report, the patient is a 65-year-old female who sustained injury to her right shoulder and neck while teaching exercise class when she fell on 11/16/2013. MRI of the right shoulder showed contouring deformity of the superior humeral head. No significant rotator cuff tears are noted. MRI of her cervical spine revealed foraminal narrowing at the right C5-C6 region. She failed conservative treatment and was scheduled for right shoulder arthroscopy with long head biceps tenodesis on 05/02/2014. The request for pre surgical clearance with internist was denied because the documents provided do not indicate the claimant has a medical condition that would warrant a pre-surgical clearance with an internist. A request for shoulder sling and shoulder kit pulley was denied since it was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre surgical clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 5033 Official Disability Guidelines (ODG).

Decision rationale: According to the Official Disability Guidelines, Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and 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. The medical records do not establish the patient has clinically significant medical history that establishes the medical necessity for internal medicine consult for pre-operative clearance. According to the guidelines, reasonable and acceptable pre-operative clearance can be undertaken by the surgeon, which would include obtaining the patient's history and physical examination, as well as ordering standard preoperative testing as deemed medically necessary.

Shoulder sling: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Postoperative abduction pillow sling.

Decision rationale: The CA MTUS/ACOEM guidelines suggest shoulder sling for acute pain for rotator cuff tears. According to the Official Disability Guidelines, shoulder abduction sling may be recommended as an option following open repair of large and massive rotator cuff tears. The patient is pending arthroscopic shoulder surgery. It is reasonable, that if she does not already have a sling, that she be provided a sling in the initial postoperative setting.

Shoulder kit with pulley: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 46, 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Home exercise kits.

Decision rationale: The Official Disability Guidelines recommend home exercise kits for the shoulder. However, the medical records do not specify what is included in the shoulder kit. In which case, the medical necessity of such equipment cannot be determined. In addition, the patient will receive postop physical therapy, at which time; she will have access to exercise equipment under supervision and guidance. The medical records do not support that the patient will not adequately improve with PT and progress to independent exercise program, in which

extraneous equipment would not be necessary. The medical records do not establish the requested equipment is medically necessary.