MAXIMUS Federal Services

Case Number:	CM14-0208738		
Date Assigned:	12/22/2014	Date of Injury:	03/10/2011
Decision Date:	03/06/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 52-year-old male who reported an injury on 03/10/2011. The mechanism of injury reportedly occurred when the patient was walking through a wooded area, he was on a mound of dirt when the mound of dirt below his feet gave way causing him to fall from to 2 to 3 foot elevation. His diagnoses included SLAP tear, labral tear, and right shoulder impingement. Past treatments were noted to include physical therapy and medications. Diagnostic studies included an MRI of the chest/sternum performed on 11/14/2014, which was noted to reveal mild narrowing of the manubriosternal articulation with mild degenerative change, mild hypointensity on T1 is nonspecific, with no marrow edema, or displaced fracture. On 12/02/2014, the patient was seen for an evaluation. He reported right shoulder pain. It was noted that the patient has a SLAP tear of the right shoulder. Physical examination revealed right shoulder was protracted. Range of motion was at 140 degrees of elevation, 80 degrees of abduction, and 60 degrees of external rotation, with positive biceps and impingement signs. Current medications included Voltaren, Prevalite, Staxyn, Cialis, and Actical. The treatment plan included right shoulder arthroscopy, biceps tenodesis, and labral repair. A request was received for a right shoulder arthroscopy with proximal, biceps tenodesis, right shoulder decompression, labral repair, preop labs CBC, preop BMP, preop lab prothrombin time, preop EKG, postop shoulder sling, and DME postop cold therapy unit. The rationale for the request was not provided. The Request for Authorization form was dated 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Proximal, Biceps Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. 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) Shoulder, Biceps tenodesis.

Decision rationale: The request for right shoulder arthroscopy with proximal, biceps tenodesis is not medically necessary. The Official Disability Guidelines recommend biceps tenodesis with evidence of 3 months of conservative treatment, type 2 lesions or type 4 lesions, a definitive diagnosis of SLAP lesions with diagnostic arthroscopy, confirmed with history, physical examinations, and imaging studies. The clinical information indicated that the patient was diagnosed with a SLAP tear. However, there was no documentation with evidence of diagnostic procedures. In addition, there was no documentation with evidence of imaging studies confirming the diagnosis. Given the absence of the information indicated above, the request is not supported. Therefore, the request is not medically necessary.

Right Shoulder Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: The request for right shoulder decompression is not medically necessary. The California MTUS/ACOEM Guidelines state that surgery for impingement syndrome is usually arthroscopic decompression and is not indicated for patients with mild symptoms or those who have no activity limitations. In addition, the guidelines recommend the surgery with documentation of conservative care, including cortisone injections, for at least 3 to 6 months. The clinical information indicated that the patient has tried physical therapy as well as medications with no relief. However, there was no documentation with evidence of at least 3 to 6 months conservative therapy including cortisone injections. Given the absence of the information indicated above, the request is not supported. Therefore, the request is not medically necessary.

Right Shoulder Labral Repair: 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) Shoulder, Surgery for SLAP lesions.

Decision rationale: The request for right shoulder labral repair is not medically necessary. The Official Disability Guidelines recommend biceps tenodesis with evidence of 3 months of conservative treatment, type 2 lesions or type 4 lesions, a definitive diagnosis of SLAP lesions with diagnostic arthroscopy, confirmed with history, physical examinations, and imaging studies. The clinical information indicated that the patient was diagnosed with a SLAP tear. However, there was no documentation with evidence of diagnostic procedures. In addition, there was no documentation with evidence of imaging studies confirming the diagnosis. Given the absence of the information indicated above, the request is not supported. Therefore, the request is not medically necessary.

Pre-op Lab CBC: 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 http://labtestsonline.org/understanding/analytes/cbc.

Decision rationale: The request for Pre-op Lab CBC is not medically necessary. According to Lab Tests Online, CBC screening is used to determine your general health status; to screen for, diagnose, or monitor any 1 of a variety of diseases or conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder, or cancer. However, as the concurrently requested surgery was not supported, the request for pre-op lab work including CBC test is not supported. Therefore, the request is not medically necessary.

Pre-op Lab: 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 http://labtestsonline.org/understanding/analytes/bmp.

Decision rationale: The request for Pre-op Lab: BMP is not medically necessary. According to Lab Tests Online, BMP screening is used to give your healthcare provider important information about the current status of your kidneys and liver as well as electrolyte and acid/base balance, and levels of blood glucose and blood protein; to monitor known conditions, such as hypertension, and to monitor the use of medications to check for any kidney or liver related side effects. However, as the concurrently requested surgery was not supported, the request for pre-op lab work including BMP test is not supported. Therefore, the request is not medically necessary.

Pre-op Lab: Prothrombin Time (PT): 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 http://labtestsonline.org/understanding/analytes/pt.

Decision rationale: The request for Pre-op Lab: Prothrombin Time (PT) is not medically necessary. According to LabTestsOnline.org, prothrombin time screening is used to check how well the blood thinning medication warfarin is working to prevent blood clots; to help detect and diagnose a bleeding disorder. However, as the concurrently requested surgery was not supported, the request for pre-op lab work including prothrombin time test is not supported. Therefore, the request is not medically necessary.

Pre-op EKG: 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 electrocardiogram (ECG).

Decision rationale: The request for Pre-op EKG is not medically necessary. The Official Disability Guidelines state that electrocardiograms are recommended for patients undergoing high risk surgery with signs or symptoms of active cardiovascular disease However, as the concurrently requested surgery was not supported, the request for pre-op EKG is not supported. In addition, there was no documentation with evidence of signs and symptoms of active cardiovascular disease. Therefore, the request is not medically necessary.

Post-op Shoulder Sling: 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) Shoulder, Immobilization.

Decision rationale: The request for Post-op Shoulder Sling is not medically necessary. The Official Disability Guidelines do not recommend immobilization as primary treatment, as early mobilization benefits include: earlier return to work; decreased pain, swelling and stiffness; and greater preserved range of joint motion with no increased complications. In addition, as the concurrently requested surgery was not supported, the request for post-operative immobilization is not supported. Therefore, the request is not medically necessary.

DME: Post-op Cold Therapy Unit: Upheld

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

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

Decision rationale: The request for DME: Postop Cold Therapy Unit is not medically necessary. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery for up to 7 days. However, as the concurrently requested surgery was not supported, the request for post-operative use of cold therapy unit is not supported. In addition, the request does not specify the duration of use for the cold therapy unit. Therefore, the request is not medically necessary.