

<b>Case Number:</b>	CM14-0038339		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

This is a 49 year old female with a 6/4/13 injury date. In a 2/21/14 note, the patient complained of continued left shoulder pain. Objective findings included full left shoulder range of motion and positive impingement signs. A recent left shoulder MRI revealed a significant calcium deposit within the supraspinatus tendon. Diagnostic impression: left shoulder impingement, calcific tendonitis. Treatment to date: medications, physical therapy. A UR decision on 3/6/14 denied the request for left shoulder arthroscopic subacromial decompression and excision of calcium deposit because there was no documentation of exhaustion of conservative treatment. The associated peri-op requests including labs, drug screen, EKG, physical therapy, sling, and hydrocodone, were denied because they no longer applied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative labs: Metabolic Panel, CMC with Differential:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 EKG and lab testing.

**Decision rationale:** CA MTUS does not address this issue. ODG states that pre-op testing 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. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. However, there was no associated surgical request on the RFA, and there was no indication in any of the documentation that a left shoulder surgery has been certified in previous UR decisions. Therefore, the request for pre-op labs including metabolic panel, CMC with differential, is not medically necessary.

**Pre-operative Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, there was no associated surgical request on the RFA, and there was no indication in any of the documentation that a left shoulder surgery has been certified in previous UR decisions. Therefore, the request for a pre-operative urine drug screen is not medically necessary.

**Pre-operative EKG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 EKG and lab testing.

**Decision rationale:** CA MTUS does not address this issue. ODG states that electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. However, there was no associated surgical request on the RFA, and there was no indication in any of the documentation that a left shoulder surgery has been certified in previous UR decisions. Therefore, the request for a pre-operative EKG is not medically necessary.

**Six Post-Operative Physical Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS supports 24 physical therapy sessions over 14 weeks after arthroscopic subacromial decompression. However, there was no associated surgical request on the RFA, and there was no indication in any of the documentation that a left shoulder surgery has been certified in previous UR decisions. Therefore, the request for 6 post-operative physical therapy sessions is not medically necessary.

**One Shoulder Sling:** 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 Official Disability Guidelines (ODG): Shoulder Chapter-Immobilization.

**Decision rationale:** CA MTUS does not address this issue. ODG states that postoperative immobilization is not recommended; immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". However, there was no associated surgical request on the RFA, and there was no indication in any of the documentation that a left shoulder surgery has been certified in previous UR decisions. In addition, the use of a sling in the nonsurgical management of the patient's condition would not be beneficial. Therefore, the request for one shoulder sling is not medically necessary.

**Hydrocodone 5/300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** CA MTUS states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. However, this medication was meant to be used in the post-operative setting and there was no associated surgical request on the RFA. There was also no indication in any of the documentation that a left shoulder surgery has been certified in previous UR decisions. Therefore, the request for hydrocodone 5/300 mg #30 is not medically necessary.