

Case Number:	CM15-0017674		
Date Assigned:	03/11/2015	Date of Injury:	06/10/2008
Decision Date:	05/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/29/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female who sustained an industrial injury on 6/10/08. The injured worker reported symptoms in the right shoulder. The diagnoses included sprain/strain of the cervical spine, status post right shoulder subacromial decompression and thoracic outlet syndrome. Treatments to date include injections, activity modification, physical therapy, home exercise program. In a progress note dated 11/17/14 the treating provider reports the injured worker was with "constant pain in the right shoulder with numbness in the right arm, hands and all right fingers." On 1/26/15 Utilization Review non-certified the request for subacromial decompression, distal clavicle resection and rotator cuff repair, post-operative physical therapy, twice a week for four weeks, associated surgical service: micro cool unit, four week rental, associated surgical service: VenaPro pneumatic compression device, associated surgical service: Ultra sling, associated surgical service: home therapy kit, preoperative clearance, preoperative history and physical , associated surgical service: electrocardiogram, associated surgical service: chest x-ray, preoperative hemoglobin A1c, preoperative complete blood draw, preoperative complete metabolic panel, preoperative prothrombin time and activated partial thromboplastin time, preoperative urinalysis and preoperative human chorionic gonadotropin. The MTUS, ACOEM Guidelines, (or ODG) was cited. The denial was based upon absence of a recent MRI scan documenting the surgical pathology. The MRI scan has since been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial decompression, distal clavicle resection and rotator cuff repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210 and 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section: Shoulder.

Decision rationale: The injured worker is status post previous right shoulder decompression on 9/25/2008. She has recurrent right shoulder pain with evidence of impingement. There is limitation of motion. She completed 16 visits of physical therapy in 2014. She received injections into the subacromial space. A request for arthroscopy of the right shoulder with subacromial decompression and Mumford procedure was noncertified by utilization review on 1/26/2015 as there was no MRI scan to indicate surgical pathology. The injured worker underwent an MRI scan of the right shoulder on 2/7/2015. This shows a type II acromion, acromioclavicular arthritis with impingement, partial thickness tear of the bursal surface of the supraspinatus tendon, partial thickness tear of the infraspinatus tendon, increased signal in the anterior labrum suggestive for a Perthes lesion or soft tissue Bankart lesion but no SLAP tear was noted. The biceps tendon was normal. The injured worker has completed the non-operative treatment including medication, injections, and an exercise program and continues to have pain and restriction of motion. There is evidence of impingement on examination and imaging studies. California MTUS guidelines indicate the surgery for impingement syndrome is usually arthroscopic decompression. The procedure is not indicated for patients with mild symptoms are those who have no activity limitations. Conservative care, including cortisone injections can be carried out for at least 3-6 months before considering surgery. As such, a subacromial decompression and Mumford procedure are medically necessary. With regard to the request for a rotator cuff repair, the guidelines indicate rotator cuff repairs are indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. Rotator cuff tears are frequently partial-thickness or small or full-thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. The preferred procedure is usually arthroscopic decompression which involves debridement of inflamed tissue, burring of the anterior acromion, lysis, and sometimes removal of coracoacromial ligament and possibly removal of the outer clavicle. Surgery is not indicated for patients with mild symptoms are those whose activities are not limited. Based upon the MRI findings, the rotator cuff tear is partial-thickness although there is a possibility of small full-thickness tear. The request for possible repair depending upon operative findings is appropriate and the medical necessity is established.

Post-operative Physical Therapy, twice a week for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: California MTUS post-surgical treatment guidelines indicate 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The initial course of therapy is one half of these visits which is 12. The request as stated is for 8 visits which is appropriate and the medical necessity is established.

Associated Surgical Service: Micro cool unit, four week rental: 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, Cold packs and Cold compression therapy.

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

Decision rationale: ODG guidelines indicate continuous-flow cryotherapy as an option after shoulder surgery. The general recommended duration of use is 7 days. It reduces swelling, inflammation, pain, and need for narcotics after surgery. Use beyond 7 days is not recommended. The request as stated is for a four-week rental of micro-cool unit which is not supported by guidelines and as such the medical necessity has not been substantiated.

Associated Surgical Service: VenaPro pneumatic compression device: 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, Compression garments.

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

Decision rationale: ODG guidelines indicate that the incidence of venous thromboembolism after shoulder surgery is one in 1000. As such, prophylaxis is not recommended. Pneumatic compression devices are not recommended for shoulder arthroscopy. Therefore the request for VenaPro pneumatic compression device is not supported and as such, the medical necessity has not been substantiated.

Associated Surgical Service: Ultra 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), Shoulder, Postoperative abduction pillow sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section: Shoulder, Topic: Post-operative abductor pillow sling.

Decision rationale: ODG guidelines recommend shoulder abduction pillow sling as an option for postoperative use after open repair of massive rotator cuff tears. Its use is not recommended for subacromial decompression or following repair of small full-thickness tears. As such, the request for an UltraSling is not supported by guidelines and the medical necessity of the request has not been substantiated.

Associated Surgical Service: Home therapy kit: Overturned

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, Home exercise kits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: A home exercise program is supported by guidelines and as such, the request for a home exercise kit is appropriate and medically necessary.

Preoperative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol. Health care protocol. Bibliographic Source (s): Bloomington (MN): Institute for Clinical Systems Improvement; 2014 Mar. 124 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2012 Chapter 8, Page 62.

Decision rationale: According to Harrison's Principles of Internal Medicine Chapter 8, Medical Evaluation of the Surgical Patient: Cardiovascular and pulmonary complications continue to account for major morbidity and mortality in patients undergoing noncardiac surgery. Emerging evidence-based practices dictate that the internist should perform an individualized evaluation of the surgical patient to provide an accurate preoperative risk assessment and stratification to provide optimal perioperative risk reduction strategies. As such, the request for medical clearance and a preoperative history and physical is appropriate in a 58-year-old individual and the medical necessity is established.

Preoperative history and physical: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol. Health care protocol.

Bibliographic Source (s): Bloomington (MN): Institute for Clinical Systems Improvement; 2014 Mar. page 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 18th Edition 2012, Chapter 8, Page 62.

Decision rationale: According to Harrison's Principles of Internal Medicine Chapter 8, Medical Evaluation of the Surgical Patient: Cardiovascular and pulmonary complications continue to account for major morbidity and mortality in patients undergoing noncardiac surgery. Emerging evidence-based practices dictate that the internist should perform an individualized evaluation of the surgical patient to provide an accurate preoperative risk assessment and stratification to provide optimal perioperative risk reduction strategies. As such, the request for medical clearance and a preoperative history and physical is appropriate in a 58-year-old individual and the medical necessity is established.

Associated Surgical Service: 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), Low Back Chapter, Preoperative electrocardiogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section: Low Back, Topic: Preoperative Electrocardiography.

Decision rationale: Preoperative EKG is recommended for patients undergoing high risk surgery and that undergoing intermediate risk surgery who have additional risk factors. Arthroscopy of the shoulder is a low risk outpatient surgical procedure. As such, a routine preoperative EKG is not supported by guidelines and the medical necessity is not established.

Associated Surgical Service: Chest X-ray: 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), Low Back Chapter, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section: Low Back, Topic: Pre-operative testing, general.

Decision rationale: ODG guidelines indicate a preoperative Chest X-ray is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Routine x-rays are not recommended. Review of the documentation provided does not indicate presence of co-morbidities. As such, a preoperative chest x-ray is not supported by guidelines and the medical necessity has not been substantiated.

Preoperative hemoglobin A1c: 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), Low Back Chapter, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section: Low Back, Topic: Preoperative lab testing.

Decision rationale: ODG guidelines indicate preoperative hemoglobin A1C is recommended in diabetic patients if the results will change peri-operative management. For screening for diabetes, a random blood sugar is recommended. Documentation indicates a family history of diabetes but the IW is not diabetic. As such, the guidelines do not recommend hemoglobin A1C testing and the medical necessity has not been substantiated.

Preoperative 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), Low Back Chapter, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section: Low Back, Topic: Preoperative lab testing.

Decision rationale: ODG guidelines indicate preoperative laboratory testing is often performed before surgical procedures. However, they are excessively ordered and are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. A urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predisposed him to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients with a high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. As such, the request for a preoperative CBC, CMP, PT and PTT and urinalysis is not supported by guidelines and the medical necessity is not established.

Preoperative CMP: 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), Low Back Chapter, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section: Low Back, Topic: Preoperative laboratory testing.

Decision rationale: ODG guidelines indicate preoperative laboratory testing is often performed before surgical procedures. However, they are excessively ordered and are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. A urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predisposed him to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients with a high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. As such, the request for a preoperative CBC, CMP, PT and PTT and urinalysis is not supported by guidelines and the medical necessity is not established.

Preoperative PT and PTT: 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), Low Back Chapter, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section: Low Back, Topic: Preoperative laboratory testing.

Decision rationale: ODG guidelines indicate preoperative laboratory testing is often performed before surgical procedures. However, they are excessively ordered and are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. A urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predisposed him to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients with a high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or

patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. As such, the request for a preoperative CBC, CMP, PT and PTT and urinalysis is not supported by guidelines and the medical necessity is not established.

Preoperative urinalysis: 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), Low Back Chapter, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section: Low Back, Topic: Preoperative laboratory testing.

Decision rationale: ODG guidelines indicate preoperative laboratory testing is often performed before surgical procedures. However, they are excessively ordered and are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. A urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predisposed him to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients with a high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. As such, the request for a preoperative CBC, CMP, PT and PTT and urinalysis is not supported by guidelines and the medical necessity is not established.