

<b>Case Number:</b>	CM15-0141615		
<b>Date Assigned:</b>	08/25/2015	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 29 year old male who sustained an industrial injury on 10-14-2013 as a general laborer when he fell off a scaffold approximately 15 feet onto his right shoulder. The injured worker was diagnosed with right shoulder subacromial impingement with tendinopathy. Treatment to date has included diagnostic testing with recent right shoulder magnetic resonance imaging (MRI) on March 23, 2015, conservative measures, cortisone injections to the right shoulder, physical therapy and medications. The injured worker is authorized for surgery. According to the primary treating physician's progress report on June 12, 2015, the injured worker continues to experience right shoulder pain, numbness and tingling with radiation into the right wrist. The injured worker rates his pain level at 10 out of 10 on the pain scale. Examination of the right shoulder demonstrated tenderness to pressure of the long head of the biceps with positive Neer's sign. Hawkins, Rowe's and instability tests were negative. Active range of motion produced pain with flexion, internal and external rotation. Right shoulder flexion was documented at 175 degrees, extension at 40 degrees, abduction at 173 degrees, adduction at 43 degrees, external rotation at 87 degrees and internal rotation at 81 degrees. Motor strength was intact. Hypoesthesia of C6, C7, C8 and T1 dermatomal distribution on the right was noted. There was no documentation of current medications. Treatment plan consists of authorized right shoulder arthroscopy with post-operative physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit and Norco and the current request for pre-operative medical clearance, post-operative shoulder sling with abduction pillow and continuous passive motion (CPM) unit for rent.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One (1) pre-op medical clearance with an internal medicine specialist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Smetana GW, et al. Preoperative medical evaluation of the healthy patient Topic 4816, version 42.0. UpToDate, accessed 09/20/2015 Fleisher LA, et al. Perioperative cardiovascular evaluation and care for non-cardiac surgery. Circulation; 116: e418- e500. Cohn SL, et al Evaluation of cardiac risk prior to non-cardiac surgery Topic 6616, version 34.0 UpToDate, accessed 09/20/2015. Smetana GW, et al. Evaluation of preoperative pulmonary risk Topic 6917, version 23.0. UpToDate, accessed 09/20/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. The literature supports a preoperative evaluation by a specialist for those who are more likely to have an increased risk of potential complications. Some of these risks include an age of at least 50 years, a blocked airway with sleep, heart disease or cerebrovascular disease, diabetes requiring treatment with insulin, blood tests showing a low albumin (protein in the blood) or a creatinine higher than 1.5mg/dL (suggesting a possible problem with kidney function), active or recent tobacco use, and conditions that can affect breathing including congestive heart failure or chronic obstructive pulmonary disease. Some surgeries that have an increased risk include those involving the aorta or major blood vessels, the chest, the upper abdomen, arteries in the limbs, the head and neck, the prostate, and neuro- and orthopedic surgeries. The submitted and reviewed documentation suggested the planned procedure was an orthopedic procedure for the right shoulder. In the light of this supportive evidence, the current request for an internal medicine specialist to provide preoperative clearance is medically necessary.

### **One (1) continuous passive motion, 30 day 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 (Acute & Chronic) (Continuous passive motion).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Treatment Guidelines Forearm, Wrist, Hand Page(s): 18. Decision based on Non-MTUS Citation Anderson BC, et al. Evaluation of the patient with shoulder complaints Topic 238, version 23.0. UpToDate, accessed 09/20/2015. Ireland ML, et al. Superior labrum anterior posterior (SLAP) tears Topic 13815, version 6.0. UpToDate, accessed 09/20/2015. Martin GM, et al. Total knee arthroplasty Topic 7967, version 15.0 UpToDate, accessed 09/20/2015.

**Decision rationale:** The MTUS Guidelines and literature describe only weak evidence of short-term benefit with the use of continuous passive motion after external fixation at the wrist or lower arm. While continuous passive motion devices are often used after knee replacement surgery, recent literature has not shown significant benefits. There is minimal rigorous literature to show significant benefit with this treatment following shoulder surgeries. The submitted and reviewed records indicated the worker was experiencing pain in the right shoulder and wrist. A shoulder surgery was planned. However, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a 30-day rental of a continuous passive motion (CPM) unit is not medically necessary.

**One (1) shoulder sling with abduction pillow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) (Postoperative abduction pillow sling).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anderson BC, et al. Evaluation of the patient with shoulder complaints Topic 238, version 23.0. UpToDate, accessed 09/20/2015 Ireland ML, et al. Superior labrum anterior posterior (SLAP) tears Topic 13815, version 6.0. UpToDate, accessed 09/20/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. There are three phases of recovery after surgery to repair a superior labrum anterior posterior (SLAP) tear: maximal protection, moderate protection, and minimal protection. The focus of the first phase is to protect the surgical repair and minimize pain. This generally requires using a sling for approximately six weeks. The submitted and reviewed records indicated the worker was experiencing right shoulder and wrist pain. Treatment with surgery to repair a SLAP tear was planned. In light of this supportive evidence, the current request for a shoulder sling with an abduction pillow is medically necessary.