

<b>Case Number:</b>	CM15-0165585		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	04/24/2015
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Montana, Oregon, Idaho  
 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 56 year old male who sustained an industrial injury on 4-24-15. The diagnosis is right shoulder rotator cuff tear, including tears of the supraspinatus and infraspinatus tendons. In a progress report dated 7-16-15, the physician notes complaints of constant right shoulder pain rated at 7 out of 10. An MRI showed full thickness tears of the supraspinatus and infraspinatus tendons with retraction back to the level of the glenohumeral joint. Range of motion of the right shoulder in degrees is flexion 50, abduction 150, internal rotation 60, and external rotation is 50. He has significant limitations in strength and motion. Impingement testing is positive. Grip strength is 30-23-30 on the right and 48-30-32 on the left. Work status is modified work with restrictions. The treatment plan is right shoulder arthroscopic rotator cuff repair. The requested treatment is pre-operative history and physical, associated surgical services: ultrasling, and associated surgical services: cold unit rental for 14 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre operative; H & P (history & physical):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Per operative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> states that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case, the claimant is 56 years old and does not have any evidence in the cited records from 7/16/15 of significant medical comorbidities to support a need for preoperative clearance beyond a CBC and EKG. Therefore, the request is not medically necessary and the determination is for non-certification.

**Associated surgical services; Ultrasling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** According to the California MTUS guidelines, Shoulder complaints Chapter 9 pages 212-214, it is recommended to use a brief use of the sling for severe shoulder pain (1-2 days) with pendulum exercises to prevent stiffness and cases of rotator cuff conditions, and prolonged use of the sling only for symptom control is not supported. The ODG, shoulder section, recommends a sling as an option following open repair of large and massive rotator cuff tears and other shoulder surgeries. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. In this case, the requested procedure is for an arthroscopic rotator cuff repair; the request is not medically necessary and the determination is for non-certification.

**Associated surgical services; Cold unit rental 14 day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case, the request exceeds the

guidelines recommendation of 7 days. Therefore, the request is not medically necessary and the determination is for non-certification.