

Case Number:	CM15-0186500		
Date Assigned:	10/01/2015	Date of Injury:	01/13/2015
Decision Date:	12/11/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/22/2015

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: California, Indiana, Oregon
 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 35 year old male, who sustained an industrial injury on 1-13-2015. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder impingement syndrome. On 7-24-2015, the injured worker reported constant right shoulder pain. The Primary Treating Physician's Orthopaedic report dated 7-24-2015, noted the injured worker had not been working as he remained on temporary total disability, continuing to take his medications and continued to receive "conservative therapy in the form of chiropractic treatments and physiotherapy, as well as therapeutic exercises for his injuries with some benefit". The right shoulder examination was noted to show tenderness to palpation over the anterior aspect with painful and limited range of motion (ROM). Neer's sign and Hawkin's signs were noted to be positive for impingement syndrome. A right shoulder MRI dated 1-16-2015, was noted to show mild edema involving soft tissue superior to the coracohumeral ligament, otherwise unremarkable with no evidence for rotator cuff tear or labral tear. The Physician recommended that the injured worker undergo surgery given the "failure of non-surgical treatment to improve his condition, coupled with the nature and intensity of his present complaints and positive MRI study". The Orthopedic surgeon's request for authorization was noted to include the requests for a right shoulder arthroscopic subacromial decompression, pre-surgical work up clearance, pre-op CBC, Chem 7, PTT, and EKG, pro sling with abduction pillow, pre-op chest x-ray, 15 post-op physical therapy sessions, one post-op hot-cold unit aircast cryo cuff cold compression for 4 weeks, one DVT compression, and one continuous passive motion machine. The Utilization Review (UR) dated 8-26-2015, certified the requests for a right

shoulder arthroscopic subacromial decompression, pre-surgical work up clearance, pre-op CBC, Chem 7, PTT, and EKG, pro sling with abduction pillow, modified the request for 15 post-op physical therapy sessions to certification of 12 visits, modified the request for one post-op hot-cold unit aircast cryo cuff cold compression for 4 weeks to certification of one week, and non-certified the requests for one DVT compression, one continuous passive motion machine, and pre-op chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation, Bloomington (MN); Institute for Clinical Systems Improvement (ICSI). 2006 Jul. 33 p..

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, these investigations 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. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.

15 Post-op physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months The guidelines recommend ?initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request exceeds the initial recommended number of visits and is therefore not medically necessary.

1 Post-op hot/cold unit aircast cryo cuff cold compression 4 weeks: 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 and Chronic), 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) Knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hot/cold therapy. According to ODG, Knee and Leg section, cold/heat packs, hot packs had no beneficial effect on edema compared with placebo or cold application. Based on this the request for contrast unit is not medically necessary.

Associated surgical service: 1 DVT compression: 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 and Chronic), 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) Shoulder.

Decision rationale: CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG, Shoulder section, Compression garments, not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. In this case there is no evidence of risk factor for DVT in the clinical records. Therefore the request is not medically necessary.

Associated surgical service: 1 Continuous passive motion: 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 and Chronic), Continuous passive motion.

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 guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. As there is no evidence preoperatively of adhesive capsulitis and to what extent it exists, the request exceeds guidelines, the request is not medically necessary.