MAXIMUS Federal Services

Case Number:	CM15-0037133		
Date Assigned:	04/09/2015	Date of Injury:	06/06/2007
Decision Date:	05/19/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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
Certification(s)/Specialty: Orthopedic Surgery, Sports 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 48-year-old male who reported an injury on 06/06/2007. The mechanism of injury reportedly occurred when he was lifting a heavy sign with sensation in the left shoulder. His diagnoses included bilateral rotator cuff strain, tear and dysfunction. The magnetic resonance imaging (MRI) of the right shoulder, performed on 12/04/2014 showed evidence of a complete tear of the supraspinatus with 3 cm of retraction; glenohumeral osteoarthritis; and chondromalacia involving the labrum was noted. On 12/17/2014, the injured worker indicated pain in the right shoulder greater than the left. Overhead reaching activities caused pain. The left shoulder exam demonstrated healed scars; flexion at 170 degrees and abduction at 165 degrees with pain and weakness on resisted external rotation. On right, flexion was 170 degrees and abduction was 165 degrees. There was a positive drop arm test and positive impingement. Surgery was to be considered. The injured worker was temporarily disabled. Reassessment on 01/14/2015 detailed ongoing dysfunction involving the right shoulder. A request for arthroscopy was given. The patient remained totally disabled. The Request for Authorization was dated 01/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Labs-PT/PTT, electrolytes, creatinine, and glucose: 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 section, 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) Low Back, Preoperative lab testing.

Decision rationale: The request for associated surgical service: labs - PT/PTT, electrolytes, creatinine, and glucose is not supported. The injured worker has a history of shoulder pain. The Official Disability Guidelines for preoperative lab work state coagulating studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk for undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result will change perioperative management. The injured worker has a history of shoulder pain. There was a lack of documentation of any underlying metabolic disease or described comorbidities. The request is not supported. As such, this request is not medically necessary.

Post operative physical therapy 2-3 times a week for 6 weeks: Upheld

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

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

Decision rationale: The request for postoperative physical therapy 2 to 3 times a week for 6 weeks is not supported. The California MTUS Postsurgical Treatment Guidelines state to allow up to 24 visits over 14 weeks. The guidelines also state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The injured worker has a history of shoulder pain. The guidelines allowed up to 12 sessions for post shoulder surgery for an initial course of therapy. The request exceeds the guidelines recommendations. As such, the request is not medically necessary.

Associated Surgical Service: Polar care unit, 2 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 section, 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, Continuous-flow cryotherapy.

Decision rationale: The request for associated surgical service: Polar care unit, 2 week rental is not supported. The injured worker has a history of shoulder pain. The Official Disability Guidelines recommend utilization of a continuous flow cryotherapy unit as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request exceeds the guidelines recommendations of 7 day rental for home. As such, the request is not medically necessary.

Pre-operative medical clearance: 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 section, 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) Low Back, Preoperative testing, general.

Decision rationale: The preoperative medical clearance is not supported. The injured worker has a history of shoulder pain. The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination. There was a lack of documentation within the clinical information that suggested the need for a specialized evaluation prior to consideration for surgery. The request is not supported. As such, the request is not medically necessary.

Pre-operative chest x-rays: 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 section, 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) Low Back , Preoperative testing, general.

Decision rationale: The preoperative chest x-ray is not supported. The injured worker has a history of shoulder pain. The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Chest radiography is reasonable for patients at risk for postoperative pulmonary complications. There was a lack of documentation of the injured worker having any diagnoses that would suggest pulmonary complications. The request is not supported. As such, the request is not medically necessary.

Pre-operative 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 section, Preoperative electrocardiogram (ECG).

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, Preoperative testing, general.

Decision rationale: The request for a preoperative EKG is not supported. The injured worker has a history of shoulder pain. The Official Disability Guidelines state preoperative EKGs are recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. There was a lack of documentation of the injured worker having high risk surgery. There was a lack of documentation that the injured worker had any diagnoses that would require an EKG. As such, this request is not medically necessary.