

Case Number:	CM15-0050136		
Date Assigned:	03/23/2015	Date of Injury:	04/04/2014
Decision Date:	05/12/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/17/2015

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

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 55-year-old female who reported injury on 04/04/2014. The mechanism of injury was the injured worker stepped away from a gentleman's wheelchair and tripped over it. The documentation of 03/04/2015 revealed the injured worker was utilizing Tylenol No. 3 (with codeine) 1 to 1 and a half per day, Robaxin 1 per day and Flexeril 1 per day. The injured worker was noting functional improvement and improvement with current medications. The objective findings revealed tenderness over the right acromial and active range of motion of the shoulder was decreased in abduction, adduction, internal rotation and external rotation. The diagnosis was rotator cuff tear of the right shoulder. The documentation indicated the injured worker's surgical intervention was authorized and the injured worker was scheduled for 04/23/2015. The treatment plan included a Venapro pneumatic compression device to prevent blood clots after surgery while recovering at home for purchase, an UltraSling for purchase, a CPM machine for a 4 week rental, formal physical therapy, a home therapy kit and a preoperative history and physical, as well as an EKG, chest x-ray and laboratory studies. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Compression Device & Supplies (rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Shoulder Procedure Online Version, 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) Knee & Leg Chapter, Venous Thrombosis, compression garments.

Decision rationale: The Official Disability Guidelines indicate injured workers should be assessed to indicate whether they are at risk for a venous thrombosis postoperatively. If found to be at risk there should be consideration for oral therapy and they further indicate that compression garments, including compression stockings, may be appropriate for the prevention of deep venous thrombosis. The clinical documentation submitted for review failed to indicate the injured worker was found to be at risk. There was a lack of documentation of exceptional factors to support the necessity for pneumatic compression device purchase. Given the above, the request for pneumatic compression device and supplies (rental or purchase) is not medically necessary.

CPM Machine/Kit (rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Shoulder Procedure, Online Version, CPM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous passive motion (CPM).

Decision rationale: The Official Disability Guidelines do not recommend continuous passive motion for rotator cuff problems. It is recommended for adhesive capsulitis for up to 4 weeks, 5 days per week. The clinical documentation submitted for review indicated the injured worker had a rotator cuff tear and would have repair. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the duration of use and the body part to be treated. Given the above, the request for CPM machine/kit (rental or purchase) is not medically necessary.

Ultrasling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Postoperative abduction pillow sling.

Decision rationale: The Official Disability Guidelines indicate a postoperative abduction sling pillow is recommended following the open repair of large and massive rotator cuff tears. The clinical documentation submitted for review failed to indicate the tear was large and massive. Given the above, the request for UltraSling 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 - TWC, Preoperative 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 Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: The Official Disability Guidelines indicate that EKGs are recommended for injured workers undergoing intermediate risk surgery which includes orthopedic surgery that is non-ambulatory. The surgical intervention was an ambulatory procedure. The clinical documentation submitted for review failed to indicate exceptional factors. Given the above, the request for EKG is not medically necessary.

Pre-Operative Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines indicate that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. The clinical documentation submitted for review failed to provide the injured worker was at risk of postoperative pulmonary complications. Given the above, the request for preoperative chest x-ray is not medically necessary.

Pre-Operative Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Preoperative 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 Chapter, Preoperative lab testing.

Decision rationale: The Official Disability indicates that the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. The clinical documentation submitted for review failed to provide a rationale for the requested laboratory studies. The request as submitted failed to include the specific laboratory studies being requested. There was a lack of documentation of exceptional factors. Given the above, the request for preoperative labs is not medically necessary.