

Case Number:	CM15-0085865		
Date Assigned:	05/08/2015	Date of Injury:	12/02/2011
Decision Date:	06/30/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/05/2015

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: Illinois, California, Texas
 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 51-year-old female who sustained an industrial injury on 12/2/11. Injury occurred when she was thrown from a horse and then the horse landed on her. She underwent right clavicular nerve neurolysis and open reduction and internal fixation of the clavicle on 9/10/13. The 2/18/14 right clavicle CT scan impression documented intact right clavicle plate and screw fixation hardware. There was callus formation indicative of good healing in the mid right clavicle with no findings suggestive of non-union. There was good anatomic alignment of the right clavicle. The 4/1/15 treating physician report indicated that the injured worker was status post open reduction and internal fixation of the non-union of her right clavicular fracture. She could not stand the subcutaneous nature of the plate. The injured worker wanted to have the plate removed. She was bothered by it when she wore a bra, carried a purse, used a seat belt, and wore a back pack. Physical exam documented a healed incision. She had good range of motion and strength. The treatment plan recommended removal of the plate, overnight stay, and medical clearance based on her age. The 4/29/15 utilization review certified the request for removal of hardware right clavicle. The request for inpatient stay for 1 to 2 days was non-certified as this procedure could be performed on an outpatient basis. The request for medical clearance was non-certified as the injured worker was less than 50 years old and had no significant medical issues. The request for 12 post-operative physical therapy sessions was modified to 6 initial visits as the request to 12 visits exceeded guidelines recommendations. The request for VascuTherm cold therapy for 14 days was non-certified as there was no indication why the injured worker could not use ice packs or was at increased risk for deep vein thrombosis and could not use oral medications or compression stockings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Inpatient stay 1-2 days: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The ODG do not specifically address hardware removal. In general, arthroscopic surgery or rotator cuff repair would be considered an outpatient procedures, with median length of stay noted as one day. Given the open nature of this surgery and the recommended one day median length of stay for arthroscopy, this request seems reasonable and appropriate. Therefore, this request is medically necessary.

Associated surgical service: Medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: The Expert Reviewer 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); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Postop 12 sessions of physical therapy: 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.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for shoulder surgeries do not specifically address physical therapy following hardware removal. Guidelines would support a general course of 8 post-operative visits over 8 weeks during the 6-month post-surgical treatment period for acromioclavicular joint injuries. The Official Disability Guidelines recommend 8 visits over 10 weeks for physical therapy following clavicle fracture. Post-Surgical Treatment Guidelines state that an initial course of therapy would be supported for one-half the general course. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 4/29/15 utilization review modified this request and certified 6 initial post-operative visits. There is no compelling rationale presented to support the medical necessity of additional post-operative physical therapy beyond the current certified care. There is evidence of good pre-operative range of motion and strength. Therefore, this request is not medically necessary.

Associated surgical service: Vascutherm cold therapy x 14 days: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Deep vein thrombosis (DVT); Venous thrombosis; Cold compression therapy.

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis and cold compression therapy. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. The ODG does not recommend cold compression therapy in the shoulder. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. There is no compelling reason in the records reviewed to support the medical necessity of a mechanical cold system over standard cold pack. Therefore, this request is not medically necessary.