

Case Number:	CM15-0096338		
Date Assigned:	05/28/2015	Date of Injury:	09/02/2003
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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 54-year-old male who sustained an industrial injury on 9/2/03. The mechanism of injury was not documented. Past medical history was reported negative. Past surgical history was positive for right shoulder arthroscopic rotator cuff repair on 10/23/03, left shoulder arthroscopic rotator cuff repair on 5/9/08, left shoulder revision rotator cuff repair and acromioplasty on 7/12/11 and right shoulder arthroscopic debridement and revision rotator cuff repair on 5/21/13. The 6/16/14 left shoulder MRI impression documented significant degenerative changes of the shoulder with bony spurring on the humeral head and thinning of the articular cartilage on both sides of the joint space. High-riding position of the humeral head was noted articulating with the acromion. There was a full thickness supraspinatus tear with no retraction, and degenerative changes of acromioclavicular (AC) joint minimally impinging on the rotator cuff. There was marked thickening of the bicipital tendon, which appeared to be at the bicipital groove and degenerative change and probable tear at the anterosuperior labra of the glenoid. The 3/16/15 treating physician report cited continued left shoulder pain and discomfort with difficulty raising his arm. Left shoulder exam documented forward elevation to 120 degrees, external rotation to 30 degrees, internal rotation to L5/S1, 4-/5 abduction strength, and positive Speed's and Yergason's tests. The diagnosis included left shoulder recurrent supraspinatus tendon tearing. Authorization was requested for left shoulder arthroscopic revision rotator cuff repair, extensive debridement, and open biceps tenodesis. Additional authorization was requested for VascuTherm 14 day use, pre-operative medical clearance, and pre-operative labs and EKG. The 5/7/15 utilization review non-certified the request for pre-operative medical

clearance as there was no evidence of a significant co-morbidity to warrant an additional specialty consultation. The requests for pre-operative labs and EKG were non-certified as there was no evidence of risk factors for cardiac complications or indications for pre-operative blood testing. The request for 14 days use of a VascuTherm unit was non-certified as there was no guidelines support for cold compression in the shoulder and deep vein thrombosis prophylaxis is not recommended in shoulder arthroscopic procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm use for 14 days: 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) Shoulder: Cold compression therapy; Deep vein thrombosis (DVT); Venous Thrombosis.

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) does not recommend cold compression therapy for shoulder surgeries. The 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. 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. Therefore, this request is not medically necessary.

Pre-Operative Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

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 males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age, plausible long-term use of NSAIDs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Pre-Operative Labs: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Although basic lab testing is typically supported for patients of similar age and medical history, the medical necessity of the non-specific lab testing requested could not be established. Therefore, this request is not medically necessary.

Pre-Operative EKG: Overturned

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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle-aged males have known occult increased risk factors for cardiovascular disease that support the medical necessity of pre-procedure EKG. Therefore, this request is medically necessary.