

<b>Case Number:</b>	CM14-0115193		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old female with a date of injury March 15, 2004. The patient has pain in both shoulders and her back and her neck. She takes multiple medicines for pain. Physical examination he has decreased range of motion. She has decreased change of shoulder motion with a positive Neer test and positive impingement test. Patient has had shoulder a subacromial injection. Patient had pain relief for a short period time after injection. Patient continues to have chronic pain despite medications. Shoulder surgery has been recommended. At issue is whether additional modalities perioperatively a medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pulmonary Function test:** 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 Other Medical Treatment Guideline or Medical Evidence: Occupational medicine practice guidelines, AP G. 2009. ODG

**Decision rationale:** The medical records do not support the need for pulmonary function tests preoperatively. There is no diagnosis of COPD and no defined significant pulmonary illness in the medical records. Pulmonary function testing preoperatively is of no clinical benefit.

**Comprehensive Metabolic Panel 12 Quantity 1: 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 Other Medical Treatment Guideline or Medical Evidence: American college of occupational and environmental medicine, occupational practice guidelines 2009

**Decision rationale:** Comprehensive metabolic panel is not necessary prior to routine shoulder surgery. The patient does not have significant medical comorbidities. Guidelines do not support the use of chiropractic metabolic canal prior to routine uncomplicated and straightforward shoulder surgery in relatively healthy patients

**Post operation Acupuncture. Quantity 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG shoulder pain chapter, and the shoulder pain chapter

**Decision rationale:** Acupuncture has not been shown to be of benefit immediate postoperative period after shoulder surgery. There is no literature support the benefit of acupuncture immediately postoperatively after shoulder surgery. Acupuncture is not medically necessary.

**Transcutaneous Electrical Nerve Stimulation Quantity 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder pain chapter, and the shoulder pain chapter

**Decision rationale:** A TENS unit is not recommended as per guidelines for postoperative pain control. There is no medical indication for the use of a TENS unit after shoulder surgery. TENS unit is not medically necessary.

**Deep Vein Thrombosis compression pump with sleeves: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- compression garments

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder pain chapter, MTUS shoulder pain chapter

**Decision rationale:** DVT compression pumps or not necessary of the shoulder surgery. Medical literature does not support the use of DVT compression pumps in lowering the rate of venous thromboembolic phenomenon after shoulder surgery. Guidelines do not support the use of DVT compression pumps after routine shoulder surgery. The incidence of DVT following shoulder surgery is less than 0.1%. Effectiveness of a pump has not been demonstrated.

**Shoulder Abduction Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition. Shoulder 2013

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder pain chapter, MTUS shoulder pain chapter

**Decision rationale:** Guidelines do not support the use of a shoulder abduction brace in shoulder surgery where rotator cuff repair has not been performed. This patient is not having surgery for complete rotator cuff tear. Therefore abduction brace is not medically necessary.

**Keflex 500mg Quantity 20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Prokuski, May 2008), (Clyburn, 2011)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Perioperative antibiotics and surgery, Prokuski, May 2008

**Decision rationale:** Literature supports use of antibiotics within one hour of surgical incision. Closure shows no additional benefit of continued use of antibiotics for 5 postoperative days. Therefore medical necessity for Keflex 4 times a day for 5 days postoperatively has not been established.