

Case Number:	CM14-0158827		
Date Assigned:	10/02/2014	Date of Injury:	08/13/2013
Decision Date:	12/15/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina and Georgia. 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 injured worker is a 48-year-old male with a reported injury on 08/13/2013. The mechanism of injury was a slip and fall. The injured worker's diagnoses included multilevel cervical disc disease, left shoulder adhesive capsulitis, and left shoulder tear (superior, anterior and posterior labrum). The injured worker's past treatments included physical therapy, medications, work conditioning, acupuncture, extracorporeal shockwave therapy, and chiropractic care. The injured worker's diagnostic testing included an MRI of the left shoulder on 02/07/2014 which was consistent with tears of his superior labrum type 2, anterior and posterior labral tear, subacromial bursitis. He also had an MRI of the cervical spine on 02/06/2014 which found broad-based disc protrusion at C4-5, bilateral foraminal stenosis; C5-6, two millimeter causing bilateral foraminal stenosis; C6-7, two millimeter disc bulge, bilateral foraminal stenosis. The injured worker's surgical history included a cyst removal from the neck. The injured worker was evaluated for left shoulder pain, weakness, neck pain, and left shoulder stiffness on 07/28/2014. The clinician observed and reported tenderness to palpation in the paracervical region. Range of motion was 10 degrees or less flexion and extension and 10 degrees or less lateral rotation and bending. Spurling's sign was positive bilaterally. The examination of the left shoulder revealed range of motion of forward flexion 0 to 85 degrees and external rotation 0 to 20 degrees with internal rotation to the hip. There was weakness with abduction testing. The clinician's treatment plan was for more physical therapy and manipulation under anesthesia. The clinician also requested an EMG of the left upper extremity to evaluate for left arm radiculopathy/nerve compression. No medication was provided. The request was for medical clearance to include labs Preg, PT/PTT, and EKG and postoperative DME pain pump. No rationale for the request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Clearance to include labs Preg, PT/PTT, and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back,-Pre-operative 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 - Lumbar & Thoracic, Preoperative electrocardiogram (ECG) & Low Back - Lumbar & Thoracic-Preoperative lab testing.

Decision rationale: The request for medical clearance to include labs preg, PT/PTT, and EKG is not medically necessary. The most recent documentation provided indicated a request for manipulation under anesthesia of the left shoulder. The Official Disability Guidelines state that coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. Electrocardiograms are not indicated for low risk procedures. There is no indication for a pregnancy test in a male patient. The provided documentation did not indicate that the patient had a history of bleeding or medical condition that predisposed him to bleeding or that he was anticoagulants. Manipulation under anesthesia of the left shoulder would be an ambulatory surgery which is ranked as a procedure with low risk. As such, an electrocardiogram is not indicated. Additionally, the patient had an echocardiogram on 03/06/2014. Therefore, the request for medical clearance to include labs Preg, PT/PTT, and EKG is not medically necessary.

Post-Operative DME pain pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Post-operative pain pump

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

Decision rationale: The request for postoperative DME pain pump is not medically necessary. The clinician had indicated plans for manipulation under anesthesia for the left shoulder. The Official Disability Guidelines do not recommend postoperative pain pumps for shoulder surgery. The provided documentation did not indicate that a surgical procedure had been approved. Therefore, the request for postoperative pain pump is not medically necessary.