

Case Number:	CM14-0164123		
Date Assigned:	10/08/2014	Date of Injury:	04/24/2008
Decision Date:	11/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/06/2014

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 California. 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:

69 year old female claimant with an industrial injury dated 04/24/08. The patient is status post a left shoulder manipulation under anesthesia, arthroscopic debridement of labral fraying, superior arthroscopic rotator cuff repair with arthroscopic subacromial decompression and bursectomy dated 09/02/14. Exam note 09/09/14 states the patient returns with left shoulder pain. The patient also experiences neck stiffness, and mid back pain. Due to the pain the patient states she is experiences loss of sleep. Upon physical exam cervical range of motion had decreased and is painful. The patient has +3 tenderness to palpation of the cervical paravertebral muscles, and shoulder depression causes pain bilaterally. The Kemp's test causes pain as well. Range of motion of the lumbar spine is decreased and painful; there is 3+ tenderness along the bilateral SI joints, lumbar paravertebral muscles, and bilateral gluteus as well. There were steri-strips over the 3 surgical portals of the left shoulder and there are no signs of redness or infection. Both the right and left shoulder have decreased range of motion with pain. In addition, the Supraspinatus press caused the patient pain. Diagnosis is noted as cervical disc protrusions, disc desiccation, stenosis, cervical muscle spasm, thoracic sprain, lumbar sprain, lumbar myospasm, upper abdominal pain, bilateral carpal tunnel syndrome, loss of sleep, and psych component. Treatment includes physical therapy for the left shoulder, and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation: 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), Knee and Leg Chapter, Transportation (to and from appointments)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Transportation

Decision rationale: CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case the exam note from 9/9/14 does not demonstrate evidence of functional impairment precluding self-transportation. Therefore the determination is for not medically necessary.

MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to CA MTUS/(ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from 9/9/14. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. Therefore the request of the MRI of the lumbar spine is not medically necessary.

Hot and cold therapy unit with wrap, home use up to a period of 4 months: 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 Chapter, Continuous-Flow Cryotherapy

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 flow cryotherapy

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request of 4 months exceeds the 7 day recommendation. Therefore the determination is not medically necessary.

Surgical clearance, two view chest x-rays, and 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 (ODG), Lumbar and Thoracic (Acute and Chronic), Pre-Operative Lab Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. Guidelines state that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 69 years old and does not have any evidence in the cited records from 9/9/14 of significant medical comorbidities to support a need for preoperative clearance, two views chest x-rays and labs. Therefore determination is not medically necessary.

Echocardiogram: 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), Lumbar and Thoracic (Acute and Chronic), Pre-Operative Electrocardiogram (ECG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. Guidelines state that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 69 years old and does not have any evidence in the cited records from 9/9/14 of significant medical comorbidities to support a need for echocardiogram. Therefore determination is not medically necessary.

Cardiologist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. Guidelines state that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 69 years old and does not have any evidence in the cited records from 9/9/14 of significant medical comorbidities to support a need for cardiologist consultation. Therefore determination is not medically necessary.

Post-op physical therapy 2 to 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks* Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks* Postsurgical physical medicine treatment period: 6 months In this case there is insufficient evidence of the number of therapy visits already performed or response postoperatively. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the determination is not medically necessary.