MAXIMUS Federal Services

Case Number:	CM14-0178725		
Date Assigned:	10/30/2014	Date of Injury:	09/26/2012
Decision Date:	12/17/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/02/2014

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:

This 52-year-old female cook/food preparer sustained an industrial injury on 9/26/12. Injuries were reported to the back, hips, and right shoulder and hand relative to a slip and fall. Records documented MRI findings of supraspinatus tendinosis with partial thickness tear, subtle marrow edema in the humeral head, subscapularis tendinosis, and acromioclavicular joint degeneration/hypertrophy with downsloping acromion. The 9/18/14 treating physician report cited recurrent right shoulder, bilateral wrist, and back pain. Right shoulder exam documented forward flexion 160 degrees, external rotation 0-30 degrees, and internal rotation to T12. There was painful arc of motion form 90 to 130 degrees with night pain. There was tenderness over the rotator cuff. Hawkin's sign was positive for impingement with weakness in abduction testing. The diagnosis included right shoulder impingement syndrome with partial rotator cuff tear. The treating physician reported 6 months of intermittent conservative treatment without sustained improvement. The treatment plan recommended surgery in the form of right shoulder arthroscopy with subacromial decompression and rotator cuff repair. The 10/16/14 utilization review approved the request for right shoulder surgery. The request for pre-op clearance was denied as the patient had no significant medical conditions to warrant a pre-operative medical clearance. The request for a Q-tech cold therapy unit was denied as cold compression was not supported over ice/cold packs. The request for deep vein thrombosis prophylactic compression was denied as there was no contraindications for pharmaceutical anti-coagulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Operative Clearance: 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 Other Medical Treatment Guideline or Medical Evidence: 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. Guideline criteria have been met. Middle-aged females have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.

Q Tech Cold Therapy: 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, Continuous flow cryotherapy

Decision rationale: The California MTUS are silent regarding cold compression therapy. Cryotherapy is recommended using standard cold packs. The Official Disability Guidelines do not recommend cold compression therapy in for patients undergoing shoulder surgeries. There is no evidence of improved clinical post-operative outcomes for patients using an active cooling and compression device over those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair. The ODG support the optional use of continuous flow cryotherapy following shoulder surgery for up to 7 days. Guideline criteria have not been met. There is no evidence based medical guideline support for cold compression in the shoulder. The use of continuous flow cryotherapy would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.

DME DVT Prophylactic Compression Cuffs: 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, Venous Thrombosis

Decision rationale: The California MTUS guidelines are silent with regard to the deep vein thrombosis (deep vein thrombosis) prophylaxis. The Official Disability Guidelines 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 arthroscopic shoulder 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.