

Case Number:	CM14-0094420		
Date Assigned:	07/25/2014	Date of Injury:	01/19/1964
Decision Date:	10/07/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine 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:

The patient is a 50-year-old male who has submitted a claim for traumatic internal derangement of the right knee, status post right-knee arthroscopic examination, surgery with ACL reconstruction, internal derangement of the left knee, impingement syndrome of shoulders bilaterally, tear of the supraspinatus tendon, tear of the labrum, and biceps tendinosis for the left shoulder, and musculoligamentous strain of the lumbar spine associated with an industrial injury date of 03/08/2013. Medical records from 12/18/2013 to 07/16/2014 were reviewed and showed that patient complained of bilateral shoulder pain graded 6/10, low back pain graded 3/10, and bilateral knee pain graded 6/10. Of note, patient was noted to have hypercholesterolemia and family history of diabetes (02/12/2014). Physical examination of bilateral shoulders revealed tenderness over anterior aspect of shoulders, greater tuberosities, coracoid processes, decreased ROM, and acromion, positive Neer's, Hawkins, arc of rotation, and thumb down tests bilaterally. Physical examination of the lumbar spine revealed tenderness over the lumbar paraspinal muscles and latissimus dorsi, decreased ROM, and normal neurologic evaluation of lower extremities. Physical examination of bilateral knees revealed well-healed surgical scars over the right knee, patellar pressure produced right knee discomfort, tenderness over medial and lateral joint line bilaterally, positive McMurray's test on the left, and positive Clark's tests bilaterally. MRI of the left shoulder dated 01/06/2014 revealed evidence of osteoarthritic changes of the acromioclavicular joint, complete supraspinatus tendon tear and atrophy, evidence of biceps tendon tear, and glenohumeral joint synovitis. MRI of the right shoulder 08/13/2014 revealed complete supraspinatus tear and atrophy, glenohumeral arthrosis, partial tear of the intra-articular long biceps, and acromioclavicular arthrosis. Treatment to date has included ACL reconstruction, right knee (1988), unspecified right knee surgery (date unavailable), left and right shoulder cortisone injection (02/12/2014), Synvisc injection to the right knee (07/01/2014),

physical therapy, HEP, and pain medications. Utilization review dated 05/22/2014 denied the request for preoperative clearance and postoperative cold therapy because the medical necessity was not established to justify the need for these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative cold therapy unit left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), 9th edition (web), Shoulder Chapter, Continuous-flow therapy

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 Chapter: Cryotherapy Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation. Official Disability Guidelines (ODG) states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the patient was to undergo left shoulder surgery. A cryotherapy rental would be appropriate for up to 7 days postoperatively. Therefore, the request for Post operative cold therapy unit left shoulder was medically necessary.

Pre operative medical 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 Official Disability Guidelines (ODG) Low Back, Preoperative testing, General

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not specifically address preoperative testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official disability Guideline (ODG) was used instead. ODG states that preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, the patient, 50 years of age, was to undergo left shoulder surgery. Review of medical records (02/12/2014) revealed that patient had hypercholesterolemia and a family history of diabetes (mother) and two previous knee

surgeries. Preoperative clearance is a reasonable option for a 50-year old patient with significant comorbidities. Therefore, the request for pre operative medical clearance is medically necessary.